859-230-020-766

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St. Registration ..... State File No. 149862

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

STATE OF IDAHO
[illegible]MENT OF PUBLIC WELFARE
[illegible]AU OF VITAL STATISTICS

[illegible]TIFICATE OF BIRTH 149862

149862

FULL NAME OF CHILD Leota Elizabeth Herron
(Certificate of no value without full name of child)

Sex of Child: Female | ~~Twin~~ ~~Triplet~~ or other? } and { Number in order of birth } (To be answered only in event of plural births) | Legitimate? yes | Date of birth 30th July 1899 (Month) (Day) (Year)

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3rd

FATHER	MOTHER
FULL NAME: Isaac Alden Herron	FULL MAIDEN NAME: Elizabeth Goodwin
RESIDENCE: Glenn's Ferry, Idaho	RESIDENCE: ~~Glenn's~~ Ferry Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Mineral City, Tuscarawas Ohio	BIRTHPLACE: Little Rock Ark.
OCCUPATION: Locomotive Engineer + Merchant	OCCUPATION: wife + mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Elizabeth Herron x mother
(Physician or midwife)

Address Buhl Idaho

Filed Mar 21 1927 David Burrell Stat Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

396 1D2-024-255
(If born in hospital or institution give name.)

RECEIVED JAN 13 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 157763

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD AUGUST L. CRONIN
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	August 2 1889

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Jeremiah C. Cronin	FULL MAIDEN NAME	Sarah Kennedy
Residence (Usual place of abode)	Bliss, Idaho	Residence (Usual place of abode)	Bliss, Idaho
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	33	Age at last Birthday (Years)	30
Birthplace (City and State or Country)	Ireland	Birthplace (City and State or Country)	Ireland
Occupation	Section foreman	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) Mrs. Sarah Cronin
3636 No. Verde St.
(Physician or midwife) Chgo

Address Tacoma, Washington

Filed Jan 13 1928 David Burrell
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. 695 221-007 St. 248

at home

(If born in hospital or institution give name.)

RECEIVED AUG 16 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

173501

Registration District No. ..... State File No. 173501

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Beryl Wrencher

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 21, 1889

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead none Stillborn none

FATHER	MOTHER
FULL NAME James Alfred Wrencher	FULL MAIDEN NAME Hester Smythe
Residence (Usual place of abode) Bellevue, Idaho	Residence (Usual place of abode) Bellevue, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday 52 (Years)	Color or race White Age at last Birthday 32 (Years)
Birthplace Brooklyn, New York. (City and State or County)	Birthplace Chatham, Ont. Canada (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7 P M. on the date above stated.

(Signature) Mrs. Jane Stitt.

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Aug. 16 1929 .....

Registrar.

[illegible]

731-1

199456

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 199456

1. PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Vernon Lewis Glaze

3. Sex Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? yes

8. Date of birth Dec 12, 1889 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Wilber Douglas Glaze	18. Full maiden name: Varian Virginia Glaze
10. Residence (usual place of abode) (If non-resident, give place and State): Boise Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Boise Idaho
11. Color or race: White	20. Color or race: White
12. Age at last birthday: 28 (years)	21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or country): Los Angeles Cal	22. Birthplace (city or place) (State or country): Salem Oregon
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: July, 1889	25. Date (month and year) last engaged in this work: Dec, 1889
17. Total time (years) spent in this work: 10	26. Total time (years) spent in this work: 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at 1:4 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____ M. D.

or Varian Virginia Glaze Mother

Address R. 5. Box 50 Salem Oregon

Give name added from a supplemental report _____ (DATE OF)

Filed May, 1931

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 20 1933

PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. ..... St.
195 221 001 375
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 211321
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Flora Volga Greene
(If stillborn substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
female					March (Month) 21 (Day), 1889 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth one (a) Born alive and now living yes
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME John Hammond Greene	FULL MAIDEN NAME Medora B. Trego
Residence (Usual place of abode) Ora	Residence (Usual place of abode) Ora, Idaho
If non-resident, give place and State Idaho.	If non-resident, give place and State .....
Color or race white Age at last birthday 38 (Years)	Color or race white Age at last birthday 25 (Years)
Birthplace South Bend, Indiana (City and State or County)	Birthplace Orion, Henry Co. Ill. (City and State or County)
Occupation Merchant	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2:30 P. M. on the date above stated.

(Signature) Medora B. Greene
(Mother)
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address MacKay, Idaho.

Filed Apr. 20 1933 .....
Registrar.

APR 27 1912

Mr Byrd Grego

Mrs Ines Wright Simmons

" D. H. Beithan

all of

Blackfoot, Idaho.

Dr Behle was in attendance.

415216-010-385

RECEIVED NOV

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

225703

CERTIFICATE OF BIRTH

225703

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth.

1. PLACE OF BIRTH
County of
City of Idaho Falls
No. St.
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Florence Myrtle Manning

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? yes | 8. Date of birth Sept. 16, 1889 (Month, Day, Year)

FATHER

9. Full name Thomas Philip Manning
10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday (years)
13. Birthplace (city or place) (State or country) Dunkirk New York

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Constr. Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Not known — Parents deceased 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Nora Ellen Lynch
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White 21. Age at last birthday (years)
22. Birthplace (city or place) (State or country) Fredonia New York

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?
28. Number of children of this mother (At time of this birth and including this child) Three (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation X months or weeks | 30. Cause of stillbirth X | Before labor During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.
or Over —, Midwife
Address
Filed Nov. 1934
Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

Cannot ans. these questions. Please see letter Oct. 22-1940.

Witness my hand this 27 day of October, 1934

Florence Myrle Manning

On this 27th day of October, 1934 personally appeared before me ~~the~~ Florence Myrle Manning, known to me, and made oath that the answers by her above made and subscribed are full, complete and true to the best of her knowledge and belief.

Ernest Whitney
Notary Public County of Los Angeles, State of California.

My commission expires Oct. 7, 1935.

MAR 16 1944

DELAYED

RECEIVED MAR 8 1985

STATE OF IDAHO 229397
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 229397

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Alturas (Now Camas)
City of ------
No. ------ St.
812-212-045-252
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eva May Hastings

3. Sex female | plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Jan. 12 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred W. Hastings	18. Full maiden name Florence G. Best
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 39 (years)	20. Color or race White 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or country) Chelsea, Mich.	22. Birthplace (city or place) (State or country) Salesbury, Mo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Still engaged	17. Total time (years) spent in this work 5 years
25. Date (month and year) last engaged in this work Still engaged 19	26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation No months or weeks | 30. Cause of stillbirth None | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 1.40 (Born Alive or Stillborn) at A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Fred W. Hastings, Father
Address Wendell Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed March 3rd, 1935, 1935 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

Mrs.J.W.Minear.1343 West 14th,Street.San Pedro,Calif.

Mrs.Mayy Barton.Wendell Idaho

Mr.John Wardrop.Fairfield Idaho.

Mrs John Wardrop .Fairfield.Idaho

693 201 001-769

231027

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231027

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Alice Martha Fitzpatrick

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 3/1/1889 193..... (Month, Day, Year)

FATHER

9. Full name Michael Fitzpatrick
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Ireland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Aurelia Porter Fitzpatrick
19. Residence (usual place of abode) (If non-resident, give place and State) Boise
20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Boise

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) first child
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ira Callister, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed April, 1935

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

512-22001-238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232823

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. 9th. & Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Washington Easley

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? Yes
8. Date of birth Feb. 22, 1889 (Month, Day, Year)

FATHER

9. Full name: Robert Alexander Easley
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Springfield, Ill.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Edith Barbara Schramm
19. Residence (usual place of abode) (If non-resident, give place and State) Boise
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10 P. (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....
(Date of) .....
Registrar.

(Signed) Edith Barbara Easley, ~~M. D.~~
or (Mother), ~~Midwife~~
Address Antioch, California
Filed June 26, 1935, 193....
Registrar.

433-220-019-693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246567

Registration District No. 76 State File No.

Prim. Registration District No. 2153 Local Registrar's No. 474

1. PLACE OF BIRTH
County of Custer
City of Dickey
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Minnie Effie McFerrin

3. Sex Female. | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes. | 7. Legitimate? Yes. | 8. Date of birth Aug. 20, 1889 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name James Riley McFerrin	18. Full maiden name Nevada Jane Wilcox
10. Residence (usual place of abode) (If non-resident, give place and State) Dickey Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Dickey Ida
11. Color or race White	12. Age at last birthday 29 (years)
20. Color or race White	21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or country) Benton Co. Missouri	22. Birthplace (city or place) (State or country) Brooks Co. Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Freighter	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Homework
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (BORN ALIVE OR STILLBORN) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nevada Jane Mays M. D.
or (Mrs. Arthur) Midwife
Address Brooks, Idaho

Give name added from a supplemental report (DATE OF)

Filed Sept. 16, 1936 Rose N. Hilbodeau
Registrar.

Registrar.

Mrs. Catherine A Pence. Mackay Ida
Margaret Breyer. Mackay Ida
Frank Cook. Mackay Ida

231-207-236-219

#2 246609

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246609

SEP 28 1936 RECEIVED

1. PLACE OF BIRTH
County of Oneida
City of Nuley
No. ..... St.
Private Home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Serena Alta Stanger

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1st

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth May 7, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George William Stanger	18. Full maiden name: Serena Bartholomew
10. Residence (usual place of abode) (If non-resident, give place and State): Nuley Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Nuley Idaho
11. Color or race: W. | 12. Age at last birthday: 32 (years)	20. Color or race: W | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or country): Slaterville Utah	22. Birthplace (city or place) (State or country): Slaterville Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work All life	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Sarah E. Stanger, Midwife

Address Nuley, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed SEP 28 1936, 193.....

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

859-116-006-618

250738

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 2 1937

CERTIFICATE OF BIRTH

250738

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham County
City of Blackfoot Idaho.
No. No street & number St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Chester James Herman

3. Sex Male

If plural births: 4. Twin, triplet, or other no 5. Number, in order of birth no

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth Mar 16 1889 (Month, Day, Year)

FATHER

9. Full name John Morrison Herman

10. Residence (usual place of abode) Moscow Idaho. (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 69 (years)

13. Birthplace (city or place) (State or country) Albany New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Mining Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work from 1908 to 1912

17. Total time (years) spent in this work 2.5

MOTHER

18. Full maiden name Henrietta A. Way

19. Residence (usual place of abode) Moscow Idaho (If non-resident, give place and State)

20. Color or race white 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or country) Near Syracuse Onondaga County N.Y.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work Jan 18, 1937

26. Total time (years) spent in this work 6 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn none

29. If stillborn, period of gestation no months or weeks

30. Cause of stillbirth none Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

X (Signed) Henrietta Augusta Herman (Mother)

or ..... Midwife

Address 2631 - S.E. Division Portland Oregon

Give name added from a supplemental report .....
(Date of)

Filed ..... 193.....

Registrar.

FEB 2 1937

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

I, Lela Herman Mays, being first duly sworn on oath depose and say, that I am the sister of Chester James Herman, that my brother, Chester James Herman, was born at Blackfoot Idaho, County of Bingham, State of Idaho, at the hour of 7 AM on the 16th day of March, 1889.

That at the time of the birth of my brother, Chester James Herman, provision was not made for filing with the County Clerk of said County, of said State, certificate of said birth, nor is there in existence at this time nor has there ever been a baptismal certificate noting the date of said birth.

To the personal knowledge of affiant, my brother, Chester James Herman is a citizen of the United States of America and he has during the entire period of his life maintained said citizenship and has resided within the United States of America.

My brother, Chester James Herman, was born of the parentage of John Morrison Herman Sr., Father, who was an American Citizen and Henrietta Augusta Herman, Mother, who was an American Citizen.

Lela Herman Mays

Subscribed and sworn to me this 30th day of November 1936.

My commission expires:

F. E. Fortune
Notary Public for Oregon
My Commission expires April 4-1938

I, Charles Henry Herman, being first duly sworn on oath depose and say, that I am the brother of Chester James Herman, that my brother, Chester James Herman, was born at Blackfoot Idaho, County of Bingham, State of Idaho, at the hour of 7 A.M. on the 16th day of March, 1889.

That at the time of the birth of my brother, Chester James Herman, provision was not made for filing with the County Clerk of said County, of said State, certificate of said birth, nor is there in existence at this time nor has there ever been a baptismal certificate noting the date of said birth.

To the personal knowledge of affiant, my brother, Chester James Herman is a citizen of the United States of America and he has during the entire period of his life maintained said citizenship and has resided within the United States of America.

My brother, Chester James Herman, was born of the parentage of John Morrison Herman Sr., Father, who was an American Citizen and Henrietta Augusta Herman, Mother, who was an American Citizen.

Charles Henry Herman

Subscribed and sworn to me this 25th day of November 1936.

My Commission expires:

[illegible] Anderson
Notary Public for Oregon
[illegible] 1938

I, Henrietta Augusta Herman, being first duly sworn on oath depose and say, that I am the mother of Chester James Herman, that my son Chester James Herman, was born at Blackfoot, Idaho, County of Bingham, State of Idaho, at the hour of 7 A.M. on the 16th day of March, 188[illegible].

That at the time of the birth of my son, Chester James Herman, provision was not made for filing with the County Clerk of said County, of said State, certificate of said birth, nor is there in existence at this time nor has there ever been a baptismal certificate noting the date of said birth.

To the personal knowledge of affiant, my son, Chester James Herman is a citizen of the United States of America and he has during the entire period of his life maintained said citizenship and has resided within the United States of America.

My son, Chester James Herman, was born of the parentage of John Morrison Herman Sr., Father, who was an American Citizen and myself, Henrietta Augusta Herman, Mother, also an American Citizen.

Henrietta Augusta Herman

Subscribed andsworn to me this 30th day of November 1936.

My commission expires:

F. G. Fortune
Notary Public for Oregon
My Commission Expires Apr 4-1938

993105 C04 869

2 5 3 5 0 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 23 1937

Registration District No. ..... State File No. 253508

Prime Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bear Lake
City of Paris
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Newel David Rich

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth December 5th 1889 (Month, Day, Year)

9. Full name FATHER Adelbert Coulson Rich

10. Residence (usual place of abode) Paris Idaho
(If non-resident, give place and State) ~~Deceased~~

11. Color or race White 12. Age at last birthday ..... (years)

13. Birthplace (city or place) San Bernadino
(State or country) California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

18. Full maiden name MOTHER Alice Lavinia Horsley

19. Residence (usual place of abode) Paris Idaho
(If non-resident, give place and State) ~~Deceased~~

20. Color or race White 21. Age at last birthday ..... (years)

22. Birthplace (city or place) Birmingham
(State or country) England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months / weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Drusilla Rich Streeper, ~~M.D.~~ Midwife

Address 367 Wall St. Salt Lake City, Utah

Give name added from a supplemental report .....
(Date of)

Filed ..... 193.....

Registrar. APR 23 1937 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A F F I D A V I T .

STATE OF UTAH,)
County of Salt Lake.) ss.

On the 14th day of April A.D.,1937, personally appeared before me, Drusilla Rich Streeper, who being first duly sworn on her oath deposes and says:

NEWEL DAVID RICH, the person named in the Certificate of Birth to which this affidavit is attached, is my nephew; that I have known and been personally acquainted with said David Newel Rich ever since the day of his birth; that he is the son of Adelbert Coulson Rich and Alice Lavinia Horsley; that said Adelpbert Coulson Rich and this affiant were brother and sister; that both said parents are now deceased; that on the 5th day of December, A.D.,1889, the date of the birth of said Newel David Rich, both said parents and affiant were residents of Paris, Bear Lake County, in the State of Idaho; that Mrs Emeline Grover Rich, acting as midwife, attended and officiated as such at the birth of said Newel David Rich; that I was not present at his birth, but that during the day mentioned above with my mother Mrs Harriet Sargent Rich called at my brothers home to see and did see and welcome "the new baby" at my brother's home in Paris, Idaho, and do hereby certify and declare that said Newel David Rich was born on that day, to wit, the 5th day of December,1889, as stated in said Certificate of Birth. That said Emeline Grover Rich and said Harriet Sargent Rich are both since deceased; that there was no attending physician.

Drusilla Rich Streeper.

Subscribed and sworn to before me this 14th day of April, A.D.,1937.

Thom Hatch
Notary Public.

My Commission Expires
April 10, 1938

Residence:
Salt Lake City, Utah.

253 114 035 4114

WS 4573

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. E. Main St.

(If born in hospital or institution give name.)

RECEIVED

JUN 4 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254513

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Alfred Damas Kettenbach

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term yes	7. Legitimate? yes	8. Date of birth Feb 14th ~~1900~~ 1889 (Month, Day, Year)
Male				

FATHER

9. Full name: Frank W. Kettenbach

10. Residence (usual place of abode) (If non-resident, give place and State): Lewiston Idaho

11. Color or race: White | 12. Age at last birthday: ~~[illegible]~~ (years)

13. Birthplace (city or place) (State or Country): Indianapolis Indiana 27

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Bank

16. Date (month and year) last engaged in this work: June, 1910

17. Total time (years) spent in this work: 30

MOTHER

18. Full maiden name: Amy Damas

19. Residence (usual place of abode) (If non-resident, give place and State): Lewiston Idaho

20. Color or race: White | 21. Age at last birthday: ~~[illegible]~~ (years)

22. Birthplace (city or place) (State or Country): Pierce City Idaho 18

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Music Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: ~~1911~~ 1897

26. Total time (years) spent in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank W Kettenbach Father ~~M. D.~~

or F W Kettenbach, ~~Midwife~~

Address 508 Eighth St

Give name added from a supplemental report _____

(Date of)

Registrar.

Filed JUN 4 - 1937, 193..

Registrar.

attending physician now deceased Dr. J B Morris
" midwife " " Mrs Kitsmiller.

Persons Knowing of this birth:

Phil Weisgerber	Lewiston	Idaho
Fred Kling	"	"
William F Kettenbach	"	"
Mrs Mae Lusbry	"	"

FEB

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255455

Registration District No. ..... State File No. 255455

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'ALene
No. 213 124 028 596 St.
(If born in hospital or institution give name.)

JUL 6 - 1937

2. FULL NAME OF CHILD Charles Warren Baldwin

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Oct. 24 1889, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name: Warren Willis Baldwin	18. Full maiden name: Selma Viola
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'ALene
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 43 (years)	21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or Country): Michigan	22. Birthplace (city or place) (State or Country): Denver, Colo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teamster	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 19....	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 00 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from supplemental report

Subscribed and sworn to before me this 3rd day of July (Date of) 1937

Notary public, residing at Marcus. Wash.

Registrar.

(Signed) [illegible] (FATHER), M. D.
or ..... Midwife
Address 321 Dollar St Coeur D'Alene Ida

Filed July, 193.... Registrar.

Elizabeth Mann, Coeur d'ALene, Ida.
Mrs. Robert Manns, Coeur d'ALene, Ida.
R.R.Mann.
Mary Canfield Ferrell 205 Foster Ave. C.D.A.

855-231021-235

RECEIVED

OCT 14 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 259117

Registration District No. 27 State File No.

Prim. Registration District No. 3119 Local Registrar's No. 94

1. PLACE OF BIRTH
County of Franklin
City of Clifton
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dora Henderson

3. Sex Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? yes

8. Date of birth May 31 1889 (Month, Day, Year)

FATHER

9. Full name Wm A. Henderson

10. Residence (usual place of abode) (If non-resident, give place and State) Clifton

11. Color or race W | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Kaysville Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Zelnora Stevenson

19. Residence (usual place of abode) (If non-resident, give place and State) Clifton

20. Color or race W | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Millville Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10:a m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Mary Ann Howell Midwife, MXR.

or , Midwife

Address Clifton Idaho

Filed Oct 8, 1937 G. W. Stokes Registrar.

Give name added from a supplemental report

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 255399

NOV 4 1937

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Rural St. RR#5 859 223 229 907
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cora Pauline Heick

3. Sex Female

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth —

6. Premature ✓ Full term yes

7. Legitimate? yes

8. Date of birth 9/23, ~~193~~ 1889 (Month, Day, Year)

FATHER

9. Full name John Iverson Heick

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

11. Color or race white 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 192

17. Total time (years) spent in this work 35

MOTHER

18. Full maiden name Mary Eliza ~~Heick~~ Rogers

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho

20. Color or race white 21. Age at last birthday 77 (years)

22. Birthplace (city or place) (State or Country) Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19

26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) None
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) T. B. Rogers M.D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed NOV 4 1937 193...

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

T. H. Rogers being first duly sworn says that he is the Uncle (Relationship of child)* of Cora Peiffer born September 23 - 1889 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Cora Peiffer desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Cora Peiffer formerly Cora Pauline Heick hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Charles E Worthington M. D. was the ~~Midwife~~ medical attendant at the birth of said Cora Pauline Heick and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant T H Rogers
P. O. Address Moscow Idaho RR #3

Subscribed and sworn to before me this 1 day of December, 1937

Newton S Mickey
Notary Public.
Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

818-130-001-395

7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 30 1937

Registration District No. ..... State File No. 260617

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 7th & Grove St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James Buchanan Hays

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Apr. 30, 1889 (Month, Day, Year)

FATHER

9. Full name Samuel Hubbard Hays

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race white | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) Junoau (State or Country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Gertrude Lindsey

19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho

20. Color or race white | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) Near Titusville (State or Country) Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child) 1
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Gertrude L. Hays mother, ~~M. D.~~
or ....., Midwife
Address .....
Filed NOV 30, 1937, 193.....
Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

GERTRUDE L. HAYS being first duly sworn says that she is the Mother (Relationship of child)* of James Buchanan Hays born April 30, 1889 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that James Buchanan Hays desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said James Buchanan Hays hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Major Girard M. D. was the ~~MIDWIFE~~ medical attendant at the birth of said James Buchanan Hays and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Gertrude L. Hays
P. O. Address 612 Franklin St., Boise, Idaho

Subscribed and sworn to before me this 30th day of November, 19 37.

Aleta Donovan
Notary Public.

Residing at Boise, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 263767

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Blaine
City of near Stanton
No. 819-124007-318 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Frank Hailey

3. Sex Male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth Sept. 24, 1889 (Month, Day, Year)

9. Full name — FATHER: Jesse Campbell Hailey

10. Residence (usual place of abode) (If non-resident, give place and State) Stanton, Ida.

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Jacksonville (State or Country) Jackson Co. Ore.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockgrower
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name — MOTHER: Annie Catherine Taylor

19. Residence (usual place of abode) (If non-resident, give place and State) Stanton, Ida.

20. Color or race W | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) Linden Province (State or Country) Ontario, Canada

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____ Registrar.

(Signed) Jesse C. Hailey (Father) ~~XXXXXX~~ M. D.
or 1816 N. 28th, Boise, Ida. _____, Midwife
Address _____

Filed 2-23-38 Subscribed and sworn to before me this 23 day of 1938
Pearl Fillingham
State Registrar _____ Registrar.

1. PLACE OF BIRTH

County of Cassia

City of Albion

No. 132-209 016 857 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 17 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 264525

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Una Albertson

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 7-9, 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Albertson	18. Full maiden name Mary Ann Hepworth
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 44 (years)	20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) Iowa City (State or Country) Iowa	22. Birthplace (city or place) ..... (State or Country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 40 yr	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 10
(a) Born alive and now living 9 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.
or Cyrus Albertson (Brother) Midwife
Address Albion, Idaho

Filed ..... 193..... MAR 17 1938 Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Minidoka } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cyprus Albertson being first duly sworn says that Marylenn Hepworth Albertson is the (Relationship of child)* of Una Albertson born 7 mo 9 da 1889 (Date of birth) at Albion, Idaho, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Una Albertson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Storey Cyprus Albertson M. D. ~~was the~~ ~~Midwife~~ medical attendant at the birth of said Una Albertson and that the said medical attendant is Dr. Storey (Now deceased ~~or cannot be located~~)

Name of Affiant Joe Cook
P. O. Address Albion, Idaho

Subscribed and sworn to before me this 28 day of Feb, 1938

[illegible]
Notary Public.
Residing at Rupert, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

486-126-001-154

267749

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 28 1938

Registration District No. ..... State File No. 267749

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edgar Stanley HOWRY

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth July 6, 1889 (Month, Day, Year)

FATHER

9. Full name Samuel HOWRY
10. Residence (usual place of abode) Corner 7th & Jefferson, Boise (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) Independence (State or Country) Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stagedriver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 8

MOTHER

18. Full maiden name Clara Belle ANDERSON
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race W | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) Birmingham (State or Country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... JUN 28 1938 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ebert Maw being first duly sworn says that she is the Cousin of Edgar Stanley HOWRY
(Relationship of child)*

born July 6, 1889 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Edgar Stanley Howry desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edgar Stanley HOWRY hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that George Collister M. D. was the ~~Midwife~~ medical attendant at the birth of said EDGAR STANLEY HOWRY and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary Ebert Maw (cousin)
P. O. Address Eagle, Idaho

Subscribed and sworn to before me this 27th, day of June, 19 38

James S Bogart
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

569-209 014-785

268879

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 10 1938

Registration District No. ..... State File No. 268879

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lorena May Norton

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth April 9, 1899 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Elliot L. Norton	18. Full maiden name: Mary E. Phelps
10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida.
11. Color or race: W. 12. Age at last birthday: 32 (years)	20. Color or race: W. 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or country): Illinois	22. Birthplace (city or place) (State or country): Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Assayer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11:50 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mattie E. Knapp, (AUNT)

or ....., Midwife

Address 145 First Ave

Filed Salt Lake, Utah

Registrar.

Give name added from a supplemental report July 23, 1938 (Date of)

Registrar.

Notary Public

My Commission Expires Sept 8, 1938.

445-20-629-753

271067

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. ..... St.
(If born in hospital or institution give name.)

SEP 2 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 271067

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grace Opal Duncan

3. Sex Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth Aug. 4, 1889 (Month, Day, Year)

FATHER

9. Full name Albert Preston Duncan
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho
11. Color or race W | 12. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emma Gettie
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho
20. Color or race W | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Emma Gettie (Mother), M. D.
or 1616 Market St., Midwife
Address Oakland, Calif.
Filed Sep 2 1938, 193 Earl Drelinghan State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274344

RECEIVED
DEC 30 1938

1. PLACE OF BIRTH
County of Canyon
City or Caldwell
No. A955 125014 168 St.

Registration District No. ..... State File No. 274344
(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clayton Kipp Reed

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth August 25, 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name: George Dixon Reed	18. Full maiden name: Sarah Ellen Johnson
10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Ida
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 53 (years)	21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country): Reedsburg Wisconsin	22. Birthplace (city or place) (State or Country): Linneeus county Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Dec. 30, 1938 ..... Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Minnie G Thompson being first duly sworn says that she is the Aunt of Clayton Kipp Reed
(Relationship of child)*

born August 25, 1889 at Caldwell, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clayton Kipp Reed hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. F. Isham, M. D. was the ~~Midwife~~ medical attendant at the birth of said Clayton Kipp Reed and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Minnie G Thompson
P. O. Address Star Idaho.

Subscribed and sworn to before me this 29th day of December, 1938

Merwin E. Helmbolt
Notary Public.

Residing at Star, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A718 119 001416

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 30 1938

274384

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Irwin Earl Payne

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan. 19, 1889 (Month, Day, Year)

FATHER

9. Full name Morgan Earl Payne

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race White | 12. Age at last birthday 48 (years)

13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dairy Farm

16. Date (month and year) last engaged in this work Jan. 19, 1889

17. Total time (years) spent in this work About 10

MOTHER

18. Full maiden name Harriet Melissa Dawson

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race white | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) (State or Country) Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 9

(a) Born alive and now living 9 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Dec. 30, 1938

..... Registrar.

..... Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Arizona
County of Maricopa } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ira Dawson Payne being first duly sworn says that he is the Brother of Irwin Earl Payne
(Relationship of child)*

born Jan. 19, 1889 at Boise City, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Irwin Earl Payne hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Collister M. D. was the ~~Midwife~~ medical attendant at the birth of said Irwin Earl Payne and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Ira D. Payne

P. O. Address 1014 Van Ness Ave, Tempe, Ariz

Subscribed and sworn to before me this 20th day of December, 1938

Laura Dobbs
Notary Public.

My Commission Expires Feb. 12, 1940

Residing at Tempe, Arizona, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

365-201-022-814

278604

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 278604

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Freemont
~~City of~~ on Farm near
No. Rainy, IDAHO. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Evelyn Hope Connor

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth JANUARY 1st, 1889 (Month, Day, Year)

9. Full name FATHER	18. Full maiden name MOTHER
Thomas McGee Connor	Christina Bennet Hammer
10. Residence (usual place of abode) (If non-resident, give place and State) IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) IDAHO
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Springfield Illinois.	22. Birthplace (city or place) (State or Country) Philadelphia Pennsylvania
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Three
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive ~~or Stillborn~~) at 4 A.M. on the date above stated.

(Signed) Ogle Connor Woods, ~~M. D.~~
or Aded sister of Evelyn Hope Connor ~~Midwife~~
Address .....

Filed Feb., 1939
MAY 1939

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lyle Connor Woods being first duly sworn says that she is the older sister of Evelyn Hope Connor
(Relationship of child)*

born January 1st 1889 at farm near Rainy, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Evelyn Hope Connor desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Evelyn Hope Connor hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she is the older sister and knows ~~M. D.~~ ~~Midwife~~ was the ~~medical attendant at~~ of the birth of said Evelyn Hope Connor and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Lyle Connor Woods
P. O. Address 1865 Lewis Ave Long Beach Calif.

Subscribed and sworn to before me this 16 day of May, 1939

[illegible]
Notary Public.

Residing at [illegible], Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279681

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. **PLACE OF BIRTH**
County of BLAINE
City of KETCHUM
No. 235 213-007 864 St.
IDAHO
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** KATHERINE MAY STEELY

3. Sex FEMALE

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term YES

7. Legitimate? YES

8. Date of birth AUGUST 13 1889 (Month, Day, Year)

FATHER

9. Full name WILLIAM JOSEPH STEELY

10. Residence (usual place of abode) IDAHO FALLS. (If non-resident, give place and State) IDAHO

11. Color or race WHITE | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) BELLEVUE (State or Country) PENNSYLVANIA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TEACHER AND SURVEYOR

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 10 YEARS

MOTHER

18. Full maiden name MATILDA JANE YOUNGMAN

19. Residence (usual place of abode) IDAHO FALLS. (If non-resident, give place and State) IDAHO.

20. Color or race ..... | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) BANNERVILLE (State or Country) PENNSYLVANIA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work STILL ACTIVE 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born Alive or Stillborn) at A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Matilda Steely (Mother) M.D.

or ....., Midwife

Address IDAHO FALLS, IDAHO.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed March, 1939

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO
County of ADA } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MATILDA STEELY being first duly sworn says that SHE is the MOTHER of KATHERINE MAY STEELY
(Relationship of child)*

born AUGUST 13, 1889 at KETCHUM, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said KATHERINE MAY STEELY hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that DOCTOR LEWIS OF KETCHUM M. D. was the Midwife medical attendant at the birth of said KATHERINE MAY STEELY and that the said medical attendant is NOW DECEASED
(Now deceased (or) cannot be located)

Name of Affiant Matilda Steely
P. O. Address IDAHO FALLS, IDAHO

Subscribed and sworn to before me this 23rd day of March, 1939

Peter Scherer
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

RECEIVED SEP 6 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 283049

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Maxine A Whitcomb

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth Feb. 17, 1889 (Month, Day, Year)

9. Full name (FATHER): James William Whitcomb

10. Residence (usual place of abode) (If non-resident, give place and State): Lewiston

11. Color or race .....

12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or country): Ursa Illinois; Adams County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

18. Full maiden name (MOTHER): Sally Nelson

19. Residence (usual place of abode) (If non-resident, give place and State): Lewiston

20. Color or race .....

21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or country): Pleasantville; Marion Co. Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar.

SEP 6 1939

Registrar.

A F F I D A V IT

Mrs Sally Whitcomb, being duly sworn upon oath, deposes and says, that She is the Mother of Mayme A. Whitcomb; that She was born at Lewiston in Nez Perce County, Idaho, Feb 17th 1889.

Mrs Sallie Whitcomb

Subscribed and sworn to before me this 31 day of August.

[illegible]

-1763-124-040-238

1. PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

(If born in hospital or institution give name.)

SEP 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12-3 State File No. 283087

Prim. Registration District No. 2201 Local Registrar's No. 124

2. FULL NAME OF CHILD JOHN GOLSONG

3. Sex M.

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth Sep. 24, 1889 (Month, Day, Year)

FATHER

9. Full name ADAM GOLSONG

10. Residence (usual place of abode) (If non-resident, give place and State) Wardner, Idaho

11. Color or race W. | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) Bavaria (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner at date of birth

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name SABINA SCHULTE

19. Residence (usual place of abode) (If non-resident, give place and State) Wardner, Idaho

20. Color or race W. | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) St. Helena, Nebraska (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Sabina Golsong, Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Sept. 11, 1939 Mrs. Helen McBride
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE - DIVISION OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
: ss.
County of Shoshone)

SABINA GOLSONG, Being first duly sworn says that she is the mother of JOHN GOLSONG, born September 24, 1889, at Wardner, Shoshone County, Idaho, whose certificate of birth is hereto attached and that she desires to have the said birth recorded under Chapter 139 - 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of said John Golsong hereto attached are true and correct as stated therein and that this birth has not been previously recorded.

Affiant further states that a Dr. Davis, M. D., was the medical attendant at the birth of said John Golsong and that said medical attendant is now deceased.

Sabina Golsong
P. O. Address, Kingston, Idaho.

Subscribed and sworn to before me this 8th day of September, 1939.

James E. Snyder Jr.
Notary Public for Idaho, Residing at Wallace, Idaho

219 225045236

284149

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284149

SEP 20 1939

1. PLACE OF BIRTH

County of Altavus (Blaine Co.) now

City of Bullion (Mining Camp) now

No. ..... St. 14 Lily

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bessie May Bassett

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan 25 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name Chas. C. Bassett	18. Full maiden name Bertha S. Stone
10. Residence (usual place of abode) (If non-resident, give place and State) Bullion Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Bullion Ida
11. Color or race White 12. Age at last birthday 27 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) San Francisco, California	22. Birthplace (city or place) (State or Country) Eureka, California
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoisting engineer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Jan 25, 1889	25. Date (month and year) last engaged in this work Jan 25, 1889
17. Total time (years) spent in this work 3	26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X ..... M. D.

or Clara E. Johnson Aunt Midwife

Address Bullion

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed SEP 20 1939 193 .... W. Gale

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington,
County of Mason, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara E. Johnson being first duly sworn says that she is the aunt of Bessie May Bassett
(Relationship of child)*

born January 25th, 1889 at Bellevue, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Bessie May Bassett

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that X Narcissa Janette Worthington ~~M. D.~~ was the Midwife medical attendant at the birth of said Bessie May Bassett and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Clara E. Johnson
P. O. Address Shelton, Wash

Subscribed and sworn to before me this 3rd day of August, 1939

M. Griffiths
Notary Public.

Residing at Shelton, Wash. ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

293 106 029 693

RECEIVED
OCT 2 - 1939

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

AFFIDAVIT OF BIRTH

For Use in Cases Where Certificates of Birth Cannot Be Supplied 284202

1. PLACE OF BIRTH

State of ~~Washington~~ Idaho

Department of Health

VITAL STATISTICS

County of Latah

City or town of near Viola, Ida.

DO NOT WRITE IN THIS SPACE

284202

2. Full name of child Roy Thomas Silvey

All Data Used in This Affidavit Must Be as of Date of Birth of This Child

3. Sex	If plural births	4. Twin, triplet, or other	5. Number in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, day, year)
male	no			no	yes	yes	5-6-1889.

9. Father's full name	FATHER James O. Silvey	15. Mother's full maiden name	MOTHER Martha M. Williams
10. Father's residence at time of this child's birth	Latah Co. Ida	16. Mother's residence at time of this child's birth	Latah Co. Idaho.
11. Father's color or race: White	12. Father's age at last birthday before child's birth: 29 (Years)	17. Mother's color or race: White	18. Mother's age at last birthday before child's birth: 18 (Years)
13. Father's birthplace (City or place): Indianapolis (State or country): Indiana		19. Mother's birthplace (City or place): Woodson County (State or country): Kansas	
14. Father's occupation at time of child's birth: Sawmill		20. Mother's occupation at time of child's birth: Housewife	

Number of children of this mother 1 (At the time of this birth and including this child.)

Number of children now living 3

Dr. Williams Pullman Wn.
(Name of attending physician)

AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THE FACT OF THIS BIRTH

STATE OF Washington
County of Whitman } ss.

Martha M. Silvey, being first duly sworn upon oath deposes and says that ~~s~~he is ~~XXXX~~ related to Roy Thomas Silvey (Person for whom affidavit is made) as mother (Parent, attending physician, etc.); and that the statements contained in the foregoing Affidavit of Birth are true and correct, as affiant is informed and verily believes.

(Signed) Martha M. Silvey

[SEAL]

(Address) Pullman Wn

Subscribed and sworn to before me, a notary public in and for said county and state, this 29 day of Sept., 1939.

Notary Public

My commission expires May 20, 1942.

Do Not Write Below This Line

Filed Oct. 2, 1939

State Registrar.

S. F. No. 4514—1939—10M. 17281.

By

(OVER)

JUL 25 1942

Instructions for Making Out Affidavit of Birth

1. This form is to be used in recording a birth which occurred in the State of Washington, and was not registered within one year after date.
2. All information furnished in this affidavit must be as of date of birth of the child. Be sure that the AGES OF THE FATHER AND MOTHER, residence, etc., are given as they were at the time of this birth.
3. Fill in EVERY entry on the certificate. If the information cannot be supplied, the word UNKNOWN must appear.
4. In case the attending PHYSICIAN is dead, either PARENT, nearest RELATIVE, or other PERSON having knowledge of the facts of the birth may sign the affidavit before a Notary Public. Such person must be old enough to be personally familiar with the facts stated.
5. Return completed affidavit to the STATE DEPARTMENT OF HEALTH, Smith Tower, Seattle, Washington, for proper filing.
6. Affidavit should be filled in either with ink or typewriter. DO NOT USE PENCIL.

NOTE: A certified copy of the completed affidavit may be obtained by forwarding with the affidavit postal money order for fifty cents ($0.50), payable to the order of "State Department of Health." Stamps not accepted.

254-114028.254

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of ... one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED NOV 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285513

Registration District No. 30 State File No. .....

Prim. Registration District No. 2051 Local Registrar's No. 337

2. FULL NAME OF CHILD Albert H Knudson

3. Sex M

If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth Oct. 14 1889, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name Herman Knudson	18. Full maiden name Julia Knudson
10. Residence (usual place of abode) (If non-resident, give place and State) near Rathdrum	19. Residence (usual place of abode) (If non-resident, give place and State) Rathdrum Idaho
11. Color or race white 12. Age at last birthday 49 (years)	20. Color or race white 21. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Near Ranch Rathdrum Idaho	22. Birthplace (city or place) (State or Country) Near Rathdrum Kootenai Co.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Oct 14 1889 at — m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. Ada S. Vesser, M. D.
or X ..... neighbor ~~Midwife~~

Address Coeur d'Alene, R 1

Give name added from a supplemental report May 27 1889 (Date of)

Filed Nov 6, 1939 H. H. Fenwome M. D.
Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Samuel Vesser being first duly sworn says that Albert is the Son (Relationship of child)* of Herman & Julia Knudson born Oct 14 1889 (Date of birth) at Rathdrum Idaho, Idaho, whose certificate of birth is hereto attached, and that no certificate on record desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Albert Knudson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Samuel Vesser nearest ~~M. D. was the Midwife~~ medical attendant at the birth of said Albert Knudson neighbor and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs S. Vesser
P. O. Address Coeur d'Alene Idaho

Subscribed and sworn to before me this 27th day of May, 1939

E. T. Knudson
Notary Public.

Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

456110040-415

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 19 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 286579

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Shoshone
City of Wardner Idaho.
No. — (Ellerick) St.
born at home.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Otto Dellfuth

3. Sex M

If plural births { 4. Twin, triplet, or other ~~.....~~ 5. ~~Number, in order of birth~~ .....

6. ~~Premature~~ Full term yes

7. Legitimate? yes

8. Date of birth July 10th, 1889 (Month, Day, Year) 1889

FATHER

9. Full name John Fred Dellfuth

10. Residence (usual place of abode) (If non-resident, give place and State) Wardner Idaho

11. Color or race white | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Saxony Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work July 10th, 1889

17. Total time (years) spent in this work 7 years

MOTHER

18. Full maiden name Emma Bäulaben

19. Residence (usual place of abode) (If non-resident, give place and State) Wardner Idaho

20. Color or race white | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Saxony Germany.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work July 10th, 1889

26. Total time (years) spent in this work 8 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Cooperunatsin 1889.

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

(CERTIFICATE OF ATTENDING PHYSICIAN) OR MIDWIFE deceased

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Selma Dr Mert Farrington, M.D.
or ..... Sister Midwife
Address 111 E 48 St. New City.

Give name added from a supplemental report Dec 13th 1939
(Date of)

KINGS COUNTY
Registrar's No. 1397
Filed Dec, 1939.
REG. No. 131157
Registrar.

KINGS COUNTY
N.Y. CO. CLERK
TERM EXPIRES MARCH 30, 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New York
County of " "
} ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Selma De Muth Farrington being first duly sworn says that she is the sister of Otto De Muth
(Relationship of child)*

born July 10th 1879 at Nampa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Otto De Muth hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Anna Chenoweth ~~M. D. was the~~ Midwife medical attendant at the birth of said Otto De Muth and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Selma De Muth Farrington
P. O. Address 111 E 48 St New York City.

Subscribed and sworn to before me this 13 day of December, 1939

Marion Leeden
Notary Public.

NOTARY PUBLIC, KINGS COUNTY
KINGS COUNTY CLK'S No. 1397
REG. No. 18115
N.Y. CO. CLK'S No.
TERM EXPIRES MARCH 30, 1941

Residing at , ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state the fact in the affidavit, stating the relationship of the affiant, as brother, sister, cousin, etc.

753-12 7040-238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288914

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Shoshone
City of Kingston
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Earl Petznick

3. Sex M

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? yes

8. Date of birth June 27, 1889 (Month, Day, Year)

9. Full name (FATHER) Martin Petznick

10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Idaho

11. Color or race W | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Berlin Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work 1924, 19__ | 17. Total time (years) spent in this work 39

18. Full maiden name (MOTHER) Lizette Schwegmann

19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Co. Idaho

20. Color or race W | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Fenna Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 1917, 19__ | 26. Total time (years) spent in this work 33

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 3 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Benjamin Lafferty Uncle

or Minie Lafferty Aunt

Address Kellogg Idaho

Give name added from a supplemental report _____

(Date of) _____ Registrar.

Filed 2/19, 1940 Registrar.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

B. E. Lafferty being first duly sworn says that he is the Uncle (Relationship of child)* of William Petznick born June 27, 1889 (Date of birth) at Kingston, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Petznick hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Harvey M. D. was the ~~XXXXXXX~~ medical attendant at the birth of said William Petznick and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Benjamin ~~Benj~~ E Lafferty

P. O. Address Kellogg, Idaho

Subscribed and sworn to before me this 16th day of February, 19 40

Lewis A. Kaby
Notary Public.

Residing at Kellogg, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1A955-B13-639-864

PLACE OF BIRTH

County of Power

City of American Falls

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291095

Registration District No. ..... State File No. 291095

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grace Reed

3. Sex F

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Feb. 13 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Dunford Reed	18. Full maiden name Clara Lavina Houtz
10. Residence (usual place of abode) (If non-resident, give place and State) deceased	19. Residence (usual place of abode) (If non-resident, give place and State) deceased
11. Color or race white 12. Age at last birthday 49 (years)	20. Color or race white 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) ~~Utah~~ alabama	22. Birthplace (city or place) (State or Country) Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cattleman	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 4/18, 1940

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

291095

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence Bunnion being first duly sworn says that she is the Aunt of Grace Reed
(Relationship of child)*

born Feb. 13 1889 at American Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Grace Reed hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Florence Bunnion
P. O. Address Rexburg Idaho

Subscribed and sworn to before me this 4 day of April, 1940

D C Howell
Notary Public.

Residing at Rexburg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N... one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH** AMENDED MAY 25, 1954

County of Ada

City of Boise

No. 969-126-001-577 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293398

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Carl Benjamin Roice

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth June 26, 1889 (Month, Day, Year)

FATHER

9. Full name: William A. Roice

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) New York

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Martha Epperson

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race W | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Colorado

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Eight
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed May, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albert Slater being first duly sworn says that he is the Older brother-in-law (Relationship of child)* of Carl Benjamin Roice born June 26, 1890 (Date of birth) at Boise, Idaho, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Carl Benjamin Roice hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Collister, M. D., was the Midwife medical attendant at the birth of said Carl Benjamin Roice and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Albert Slater

P. O. Address 915 Franklin St., Boise, Idaho

Subscribed and sworn to before me this 19th day of June, 19 40

Beth Bradbury
Notary Public.

Residing at Boise, Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN

D 1937

OFFICE OF THE DIRECTOR

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

February 12, 1941

RE: Carl B. Roice
(Benjiman)

Mr. Carl B. Roice,
Box 275,
Jackson,
Wyoming.

Dear Sir:

The following information was secured at the Census of 1900 taken as of June 1:

Moore Creek precinct

County of Boise State of Idaho

Name	Relationship	Age	Month and Year of Birth	Place of Birth	Citizenship
Roice, Carl B.	Son	10	June 1889	Idaho	
enumerated with the family of William A. and Mattie A. Roice					

The above information (spelling of name, relationship, age, etc.) is an exact copy of Census enumeration for the individual and can not be changed.

Month and year of birth shown only at Census of 1900.

Very truly yours,

Vergil D. Reed
Acting Director.

nv

238 1/20 029 666

293 414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293414

Registration District No. 220-221 State File No.

Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Oliver Lewis Schurtz

3. Sex Male

If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth Dec 20 1889 (Month, Day, Year)

FATHER

9. Full name Lewis Low Schurtz

10. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) New Jersey

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. working for City

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Evaline Cordelia Wood

19. Residence (usual place of abode) Moscow (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Elk Point South Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months or weeks

30. Cause of stillborn { Before labor ; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at m. on the date above stated.

(Signed) Mrs Evaline Schurtz, ~~M. D.~~
or Mother, ~~Midwife~~
Address

Filed June 4, 1940 Mae B. McMurray M.D.
Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

293414

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

REC JUN 6 1940

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Evaline Schurtz being first duly sworn says that she is the mother (Relationship of child)* of Oliver Lewis Schurtz born December 20, 1889 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Mrs Schurtz desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Oliver Lewis Schurtz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C. E. Worthington, M. D., was the Midwife medical attendant at the birth of said Oliver Lewis Schurtz and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Mrs Evaline Schurtz

P. O. Address 0117 24 St Lewiston Ida.

Subscribed and sworn to before me this 4. day of June, 1940

J Philip Weisgerber
Notary Public.

CLERK OF THE DISTRICT COURT
NEZ PERCE COUNTY

Residing at Lewiston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

893-205 020-396

293498

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St. .....

(If born in hospital or institution give name.)

RECEIVED JUN 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 380 State File No. 293498

Prim. Registration District No. ..... Local Registrar's No. 22

2. FULL NAME OF CHILD Arde~~Gedina~~ Hill
Edmo

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth April 5, 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Daniel Boone Hill	18. Full maiden name: Ellena Ann Crocheran
10. Residence (usual place of abode) (If non-resident, give place and State): Mountain Home Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Mountain Home Idaho
11. Color or race: white | 12. Age at last birthday: 35 (years)	20. Color or race: white | 21. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or Country): Texas, U.S.A.	22. Birthplace (city or place) (State or Country): Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheriff of Elmore County	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work April, 1889, 19....
17. Total time (years) spent in this work: 4 years	26. Total time (years) spent in this work: two years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ..... M. D.

or Ellena Ann Slack Mother ~~Midwife~~

Address Bruneau Idaho

Filed June 14, 1940 ~~1938~~

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

29349

State of Idaho
County of Owyhee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellena Ann Slack being first duly sworn says that she is the mother (Relationship of child)* of Arda Godima Hill born April 5, 1889 (Date of birth) at Mountain Home, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Arda Godima Hill hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Will Smith, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said Arda Godima Hill and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Ellena Ann Slack

P. O. Address Bruneau, Idaho

Subscribed and sworn to before me this 13th day of June, 1940

L. J. Boden
Notary Public.

Residing at Bruneau, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

819 101 001 795

294744

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294744

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 100 Block South 16th St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Roy James Harris

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth April 1st, 1889 (Month, Day, Year)

FATHER

9. Full name Pleasant Harris

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race white 12. Age at last birthday 41 (years)

13. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work At Time, 19.....

17. Total time (years) spent in this work 12 years

MOTHER

18. Full maiden name Catherine Green

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race white 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Tennessee

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work At time, 19.....

26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) Joseph B Harris, brother, Midwife

or .....

Address Boise Idaho R.D.1.

Filed June, 1940

Registrar.

STATE OF IDAHO

294744

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joseph B. Harris being first duly sworn says that is the brother (Relationship of child)* of Roy James Harris born April 1st, 1889 (Date of birth) at Boise, Idaho, Idaho, whose certificate of birth is hereto attached, and that Roy James Harris desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Roy James Harris hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Ephriam Smith, M.D., M. D., was the Midwife medical attendant at the birth of said Roy James Harris and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Joseph B. Harris

P. O. Address Route #2, Boise, Idaho

Subscribed and sworn to before me this 25th day of June, 1940.

Frank H. Conway
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A815 218 029-249

294861

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Kendrick
No. Rural St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 201 State File No. 294861
Prim. Registration District No. Local Registrar's No. 1128

2. FULL NAME OF CHILD Pearl Bell Harrison (HARRISON)

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate Yes | 8. Date of birth Aug 18 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jacob Sylvester Harrison	18. Full maiden name Flora Rhoda Smith
10. Residence (usual place of abode) (If non-resident give place and State) Idaho	19. Residence (usual place of abode) (If non-resident give place and State) Idaho
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Kansas	22. Birthplace (city or place) (State or Country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Aug 18, 1889	25. Date (month and year) last engaged in this work Aug 18, 1889
17. Total time (years) spent in this work 14 yrs.	26. Total time (years) spent in this work 15 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8:A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ... (Date of)

(Signed) Unknown, M. D.
or Unknown, Midwife
Address

Filed June 5, 1940

Registrar. Registrar.

STATE OF IDAHO

-294861

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 15 1940

State of Oregon
County of Yamhill } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hannah Smith being first duly sworn says that she is the aunt (Relationship of child)* of Pearl Bell Harrison

born August 18, 1889 (Date of birth) at Kendrick, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Pearl Bell Harrison--Now married and Name Pearl Bell Aas hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said Pearl Bell Harrison and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Hannah Smith
P. O. Address Newberg Oregon

Subscribed and sworn to before me this 12 day of June, 1940

Cecil F. Hinshaw
Notary Public.

Residing at Newberg Oregon, ~~Idaho.~~

My commission expires May 1, 1942

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Murray
No. Main St. St.
315 231 040 653
(If born in hospital or institution give name.)

RECEIVED
JUN 21 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294976

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD LENA LANE

3. Sex FEMALE
If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth JAN 31, 1889 (Month, Day, Year)

FATHER
9. Full name HIRAM BROCK LANE
10. Residence (usual place of abode) (If non-resident, give place and State) MURRAY IDAHO
11. Color or race White | 12. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Prescott, Ontario CANADA

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. placer mine
16. Date (month and year) last engaged in this work present time, 19..... | 17. Total time (years) spent in this work 2 years

MOTHER
18. Full maiden name MARY CYNTHIA FELL
19. Residence (usual place of abode) (If non-resident, give place and State) MURRAY IDAHO
20. Color or race white | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) PRESCOTT, ONTARIO CANADA

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work present time, 19..... | 26. Total time (years) spent in this work whole life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living one (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation no { months or weeks
30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING ~~PHYSICIAN OR MIDWIFE~~ mother

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4 PM m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) X Mary C. Lane, ~~M. D.~~
or mother, ~~Midwife~~
Address .....
Filed June, 1940

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED 294976

JUN 21 1940

State of California
County of San Bernardino } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Cynthia Fell Lane being first duly sworn says that she is the Mother (Relationship of child)* of Lena Lane born January 31 1889 (Date of birth) at Murray, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lena Lane hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Ingalls, M. D., was the ~~Midwife~~ medical attendant at the birth of said Lena Lane and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary C. Lane

P. O. Address R.F.D. HIGHLAND, California

Subscribed and sworn to before me this 18 day of June, 1940

James McDowson
Notary Public.

Residing at San Bernardino, California ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

265-11-001-236

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 216 South 9th St.
(If born in hospital or institution give name.)

RECEIVED
AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296210

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Peter Sonna

3. Sex male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Oct. 17, 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name Peter Sonna	18. Full maiden name Mary Kloser
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race white | 12. Age at last birthday 53 (years)	20. Color or race white | 21. Age at last birthday 39 (years)
13. Birthplace (city or place) New York City (State or Country) New York	22. Birthplace (city or place) Austria (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hardware merchant	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work now, 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 20 yrs	26. Total time (years) spent in this work 19yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Amelia Sonna, ~~M. D.~~
~~or~~ sister, ~~Midwife~~
Address 121 Main Street, Boise, Idaho

(Date of) .....
Registrar.

Filed ....., 193.... Mae G. Atwood
Registrar.

AUG -1 1940 Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amelia Sonna being first duly sworn says that is the sister (Relationship of child)* of Peter Sonna born October 17th, 1889 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Peter Sonna hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she does not know the name of the doctor who ~~was~~ was the medical attendant at the birth of said Peter Sonna and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Amelia Sonna

P. O. Address 121 Main Street, Boise, Idaho

Subscribed and sworn to before me this 1st day of August, 1940

Frank W. Tomison
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

296299

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 9th & Main St. St.
at home.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Richard - Cleveland - Smith

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. ~~Premature~~ ..... Full term .....

7. Legitimate? Yes

8. Date of birth Dec - 18 1939 (Month, Day, Year)

FATHER

9. Full name James - Richard - Smith

10. Residence (usual place of abode) (If non-resident, give place and State) Boise - Idaho

11. Color or race White | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Jackson - Co Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work To date 1940

17. Total time (years) spent in this work 60 yrs.

MOTHER

18. Full maiden name Ida - May - Loylie

19. Residence (usual place of abode) (If non-resident, give place and State) Boise - Idaho.

20. Color or race White | 21. Age at last birthday 17 (years)

22. Birthplace (city or place) (State or Country) Boise - Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House - wife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Deceased 1938.

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none -

28. Number of children of this mother (At time of this birth and including this child) 3. (a) Born alive and now living all (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of Stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

(Signed) Dr. George Haley, M. D.
or Mrs. Bube Robbins, Midwife
Address Boise - Idaho.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Filed Aug 3 1940 193 ..... Registrar.

Jame Richard Smith Registrar.

They are both deceased.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG - 2 1940

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James - Richard - Smith being first duly sworn says that he is the father (Relationship of child)* of Richard - Cleveland - Smith born December - 18 - 1889 (Date of birth) at Boise - Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Richard Cleveland - Smith hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. George Haley - - -, M. D., was the ~~Midwife~~ medical attendant at the birth of said Richard - Cleveland - Smith and that the said medical attendant is now - deceased - (Now deceased (or) ~~cannot be located~~)

Name of Affiant James Richard Smith
P. O. Address 926 - No Hudson - Pasadena.

Subscribed and sworn to before me this 2 day of August, 1940

My Commission Expires February 25, 1943 Josephine G. Nicholas
Notary Public.

Residing at Arcadia, Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A266-114-028-493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296743

1. PLACE OF BIRTH
County of Kootenai
City of Coeur D' Alene
No. Fort Coeur D' Alene St.
(If born in hospital or institution give name.)

Registration District No. 120 State File No.
Prim. Registration District No. Local Registrar's No. 213

2. FULL NAME OF CHILD Gideon Miller Bowser

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth July 14 1889 (Month Day, Year)

FATHER

9. Full name Joshua Crawford Bowser
10. Residence (usual place of abode) (If non-resident, give place and State) Cols Ohio
11. Color or race White | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Armstrong County Pennsylvania

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work July 14, 1889 | 17. Total time (years) spent in this work 5

MOTHER

18. Full maiden name Margaret Miller
19. Residence (usual place of abode) (If non-resident, give place and State) Columbus Ohio
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Columbus Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work July 14, 1889 | 26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
Registrar.

(Signed) J. Crawford Bowser Father ~~M.D.~~
or ....., Midwife
Address 111 Henderson Rd Columbus Ohio
Filed 7-31, 1941 H. E. Chenoweth M.D.
Registrar.

1/13/41/ EA

STATE OF IDAHO

296743

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 15 1940

State of Ohio
County of Franklin } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

J. Crawford Bowser, being first duly sworn says that he is the Father of Gideon Miller Bowser
(Relationship of child)*

born July 14th 1889 at Idaho Territory, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said GIDEON MILLER BOWSER hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Miner ~~M.D.~~ was the Midwife medical attendant at the birth of said Gideon Miller Bowser and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant J. Crawford Bowser
P. O. Address 11 Henderson Rd Columbus Ohio

Subscribed and sworn to before me this 13th day of July 1940

Chas D Walter
CHAS. D. WALTER, Notary Public
Notary Public.

Residing at My commission expires May 2, 1943, ~~Idaho.~~ Ohio

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

COLUMBUS, O.

A251-202028-219

297905

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 22 1940

Registration District No. 121 State File No.

Prim. Registration District No. Local Registrar's No. 235

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vernor Estelle Beavers

3. Sex Female

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ✓ Full term ✓

7. Legitimate? ✓

8. Date of birth Oct. 2, ~~19~~ 1889 (Month, Day, Year)

FATHER

9. Full name James Morrison Beavers

10. Residence (usual place of abode) (If non-resident, give place and State) Post Falls-Ida.

11. Color or race White 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Jefferson County Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~lawyer~~, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work October, ~~19~~ 1889

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Ethia Maude Barker

19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls-Ida.

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Clinton County Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work September, ~~19~~ 1889

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Ethia Maude Beavers ~~M.D.~~
or Mother, ~~Midwife~~
Address Espanola Apt, Spokane, Wash.
Filed 8-17-1940, 193 H. F. Newcombe M.D.
Registrar.

WRITE PLAINLY WITH INK. This is a PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss. AUG 22 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Etha Maude Beavers being first duly sworn says that she is the mother (Relationship of child)* of Vernor Estelle Beavers born October 2 - 1889 (Date of birth) at Post Falls, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Vernor Estelle Beavers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that She cannot remember name of either doctor or midwife. M. D., was the Midwife medical attendant at the birth of said (Now deceased (or) cannot be located) and that the said medical attendant is

Name of Affiant Etha Maude Beavers

P. O. Address Spokane Wash

Subscribed and sworn to before me this 16th day of August, 1940

Paul Z. Schiffner
Notary Public.

Residing at Spokane, Wash, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 30 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

297999

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. Mann's Creek St.
318 228 044 864
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD EVELYN SUE TAYLOR

3. Sex Female

If plural births: 4. Twin, triplet, or other –; 5. Number, in order of birth –

6. Premature _____ Full term XX

7. Legitimate? Yes

8. Date of birth 9-28-1889, 193_ (Month, Day, Year)

FATHER

9. Full name Solomon Monson Taylor

10. Residence (usual place of abode) (If non-resident, give place and State) Mann's Creek

11. Color or race White | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Taylorville, Ill.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Private-own farm

16. Date (month and year) last engaged in this work – , 19__

17. Total time (years) spent in this work "life"

MOTHER

18. Full maiden name Mary Elizabeth Hodge

19. Residence (usual place of abode) (If non-resident, give place and State) Mann's Creek

20. Color or race White | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) City-unknown, Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

25. Date (month and year) last engaged in this work -- , 19__

26. Total time (years) spent in this work Married life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown

28. Number of children of this mother First (At time of this birth and including this child) (a) Born alive and now living Yes (b) Born alive but now dead – (c) Stillborn --

29. If stillborn, period of gestation No months or weeks

30. Cause of Stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 11 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____ Registrar.

(Signed) Mary Elizabeth Taylor, M.D.
or Mother, Midwife
Address Mann's Creek, Idaho
Filed Aug 30, 1940 Mae G. Atwood Registrar.
Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 30 1940

State of Utah
County of Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Elizabeth Taylor being first duly sworn says that she is the Mother (Relationship of child)* of Evelyn Sue Taylor born September 29, 1889 (Date of birth) at Manns Creek, Weiser, Washington, Co., Idaho, whose certificate of birth is hereto attached, and that She (Evelyn Sue Taylor) desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Evelyn Sue Taylor hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Sater, M. D., was the Midwife medical attendant at the birth of said Evelyn Sue Taylor and that the said medical attendant is Deceased now (Now deceased (or) cannot be located)

Name of Affiant Mary Elizabeth Taylor

P. O. Address 474 N. 16th West, Salt Lake City, Utah

Subscribed and sworn to before me this day of August, 19 40

Notary Public.

My Commission Expires Feb. 26, 1941

My commission expires: _____

Residing at 176 Cranston, Salt Lake City, Utah ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A381122-036-553

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Oneida

City of Dayton, Idaho.

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 11 1940

CERTIFICATE OF BIRTH

298180

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Chadwick

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth Fourth

6. Premature ..... Full term ✓

7. Legitimate? .....

8. Date of birth Nov. 22, 1889. (Month, Day, Year)

FATHER

9. Full name Charles Frederick Chadwick

10. Residence (usual place of abode) (If non-resident, give place and State) Dayton, Idaho

11. Color or race white 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Franklin (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming

16. Date (month and year) last engaged in this work Present work, 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Luna Nelson

19. Residence (usual place of abode) (If non-resident, give place and State) Dayton, Idaho

20. Color or race white 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Franklin, (State or Country) Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teaching-Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Dayton-Idaho. My own home.

25. Date (month and year) last engaged in this work Teaching May 1881, 19.....

26. Total time (years) spent in this work 2 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing used.

28. Number of children of this mother Four (At time of this birth and including this child) Four

(a) Born alive and now living Four (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Sep 11 1940 Mae G. Atwood Registrar.

O#2-CHANGED CHILD'S FIRST NAME FROM GAERGE TO GEORGE-VS TYPING ERROR. 11-07-13 PR

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 11 1940

State of Idaho
County of Cassia } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Luna Chadwick being first duly sworn says that she is the mother (Relationship of child)* of George Chadwick born May 22 1889 (Date of birth) at Franklin, Idaho, whose certificate of birth is hereto attached, and that Luna Chadwick desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Chadwick hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Sarah Chadwick ~~XXXX~~ Midwife was the medical attendant at the birth of said George Chadwick and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Luna Chadwick

P. O. Address Burley, Idaho

Subscribed and sworn to before me this 7th day of Sept., 19 40

H B Redford
Notary Public.

Residing at Rupert, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A294-212029-214

298343

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 21 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298343

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of ~~Pierce~~ Latah

City of ~~Tacoma~~ Moscow

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Nellie Biddison ~~[illegible]~~

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 1 12, 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jeremiah Biddison	18. Full maiden name Margaret Baughoman
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow ~~Idaho~~	19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Ida.
11. Color or race ~~white~~ 12. Age at last birthday 40 (years)	20. Color or race white 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Ohio	22. Birthplace (city or place) (State or Country) Van Buren Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. his own store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 p m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs. Margaret Biddison Her (X) Mark, M. D.

or ..... Mother ~~Father~~

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Sept, 1940

Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED SEP 21 1940

State of Washington
County of Pierce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Margaret Biddison being first duly sworn says that she is the mother (Relationship of child)* of Nellie Biddison K[redacted]

born January 12, 1889 (Date of birth) at Moscow, Idaho,

whose certificate of birth is hereto attached, and that Nellie Biddison Keys desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Nellie Biddison Keys hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a doctor and midwife were present M. D. was the Midwife medical attendant at the birth of said Nellie Biddison Keys and that the said medical attendant is cannot be located. (Now deceased (or) cannot be located)

Witness Josephine Hagman
Joe Hagman

Name of Affiant Mrs. Margaret Biddison
Her (X) Mark

P. O. Address

Subscribed and sworn to before me this 14th day of September, 19 40

L. E. Hagman
Notary Public.

Residing at Tacoma, Washington, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED SEP 21 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of .....

City of Moscow Idaho

No. ..... St. home residence

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Nellie Biddison

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan. 12, 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jeremiah Biddison	18. Full maiden name Margaret Baughman
10. Residence (usual place of abode) MOSCOW (If non-resident, give place and State) IDAHO	19. Residence (usual place of abode) MOSCOW (If non-resident, give place and State) IDAHO
11. Color or race ..... 12. Age at last birthday 40 (years)	20. Color or race ..... 21. Age at last birthday 33 (years)
13. Birthplace (city or place) ..... (State or Country) Ohio	22. Birthplace (city or place) VAN BUREN (State or Country) IOWA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GROCER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. OWN STORE OR place Business	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Harry A Graham, ~~M. D.~~
or (sister of Nellie Biddison), ~~Midwife~~
Address Washougal, Wash

Filed ....., 193.... .....

Registrar.

STATE OF IDAHO

[redacted]

RECEIVED
SEP 21 1940

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Adams } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Harry A. Graham being first duly sworn says that she is the sister (Relationship of child)* of Nellie Biddison born January 12, 1889 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Nellie Biddison desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Nellie Biddison hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a doctor and midwife and that the affiant were present M. D. was the Midwife ~~medical attendant~~ at the birth of said Nellie Biddison and that the said ~~medical attendant is~~ affiant does not remember the names of the doctor or midwife (Now deceased (or) cannot be located)

Name of Affiant Mrs Harry A. Graham
P. O. Address Washtucna, Wash.

Subscribed and sworn to before me this 7th day of March, 1939

C H Gill
Notary Public.
Residing at Washtucna, Wash., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

349-110-020-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299753

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) ~~County~~ Territory..... (b) City Mountain Home
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) ~~State~~ Territory..... (b) County.....
(c) City Mountain Home
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 9 mo. yrs.
(f) Mother's mailing address Mountain Home
3. **RESIDENCE OF FATHER** (city, state) Mountain Home

4. **FULL NAME OF CHILD** Marvin Charles Turner
5. Date of Birth (Month, day, year) Aug 10, 1889
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Freeman Turner
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Marietta (City or town) Ohio (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lusa Belle Davidson
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Fillmore (City or town) Missouri (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ✗ (d) Stillborn ✗

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 9/20/40 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lusa Belle Turner Yoland, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marvin Charles Turner (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Johnson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lusa Bell Turner Yoland ..... Name
1104 Euclid ..... P. O. Address

Subscribed and sworn to before me on this 26th day of September

(SEAL) Pearl Pendleton Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-125-025-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 300084
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

OCT 17 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Grangeville Idaho
3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** John Gilbert Farris
5. Date of Birth (Month, day, year) Dec. 25-1889
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert H. Farris
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace not known (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ~~Nora Hangerman~~ ALICE Kinkaid
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace not known (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 a. M. on the date and at the place stated above, and that personal particulars were furnished by Alice Farris (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 10-17-40 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ....by Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ....~~M.D.~~ or .... (D.O., Midwife, etc.)
and address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Kinkaid Farris, being first duly sworn, say that I am Related (Related to (or) acquainted with) John Gilbert Farris (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Caroline Kinkaid (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Alice Kinkaid Farris ....Name
Kooskia Idaho ....P. O. Address

Subscribed and sworn to before me on this 24 day of September 1940
(SEAL) F F Cleveland ....Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

756-203-022-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

300136

State File No.
Local Reg. No. 234
Reg. Dist. No. 680

1. PLACE OF BIRTH:
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county ....years ....months ....days.

OCT 7 - 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Rexburg
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Isabell M. George
5. Date of Birth (Month, day, year) 8-3-1889
6. Sex. Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Thomas Phillip George
11. Color or Race W.
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret McMillan
17. Color or Race W.
18. Age at time of THIS birth [illegible] years
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by Margaret George (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) 10-4-40 (Date received) (b) Mrs Hepburn (Registrar's signature)

27. Given name added on ....by .... (Registrar's signature)

25. Attendant's OWN signature ....M.D. or E. Jones (D.O., Midwife, etc.)
and address ....Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret George, being first duly sworn, say that I am related to (Related to (or) acquainted with) Isabell M. George (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Jones (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret George ....Name
Rexburg, Idaho ....P. O. Address

Subscribed and sworn to before me on this 2nd day of October, 1940

(SEAL) ....Notary Public, residing at Rexburg, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-106-030-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300146
Local Reg. No.
Reg. Dist. No. 2116

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Junction
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ....days.
In THIS county 8 years ....months ....days.

OCT 16 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Junction, Idaho
3. RESIDENCE OF FATHER (city, state) Junction, Idah

4. FULL NAME OF CHILD Homer Eagle Tobias
5. Date of Birth (Month, day, year) Nov. 6, 1889
6. Sex. Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Solon Socrates Tobias
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Grand Isle, Vermont (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Jane Gorton
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace West Ledi, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ada Gorton Tobias (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 14 - 1940 (Date received) (b) Clio C. Bellamy (Registrar's signature)
27. Given name added on ....by Clio C. Bellamy (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. or (D.O., Midwife, etc.) and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada Gorton Tobias, being first duly sworn, say that I am related to (Related to (or) acquainted with) Homer Eagle Tobias (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Price (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ada Gorton Tobias ....Name
Lemhi, Idaho ....P. O. Address

Subscribed and sworn to before me on this 12th day of October, 1940
(SEAL) Maurine C. McBride Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

536-108-870-755

301742

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301742
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Lemhi (b) City about 30 Miles from Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Farm of Parents
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City 30 Miles from Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Salmon, Ida.

4. FULL NAME OF CHILD Frank Eldridge
5. Date of Birth (Month, day, year) 12/8/1889
6. Sex Malde
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David P. Eldridge
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Boston, Mass (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth M. Geary
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Pike County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ A. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother) Mae G. Atwood

26. (a) Nov. 25, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ____ by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of ~~Bureau~~ Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura E. Cummings, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Eldredge (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the father (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura E. Cummings Signature

127 East Dalton Ave., Spokane, Wn. P. O. Address

Subscribed and sworn to before me on this 25th day of November, 19 40

(SEAL) Seth Pendleberry Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-230 007-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 9 1940

303099

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH:
(a) County Blaine (b) City Hailey Idaho
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Laurece Barrington

5. Date of Birth (Month, day, year) Nov. 30-1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas William Barrington
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Quebec (City or town) Canada (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marian Shepard
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Virginia City (City or town) Nevada (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....
(c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Dec. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature) Director

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Stewart, being first duly sworn, say that I am a relative of (Related to (or) acquainted with) LAURECE BARRINGTON (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Brown (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Stewart .....Name
Colville Washington .....P. O. Address

Subscribed and sworn to before me on this 30th day of NOVEMBER, 1940.

(SEAL) Peter A. Squire Notary Public, residing at Colville, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 19, 1940. E.W.

B3126 030843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303188
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or Maternity~~ Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 9 years 7 months 28 days.

DEC 13 1940

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
(a) State Oregon (b) County Lane
(c) City Eugene
(d) Street Address or R.F.D. No. 364 E 13th
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Eugene, Oregon
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Charles Edward Allan
5. Date of Birth (Month, day, year) Jan. 26, 1889
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Allan
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Helena, Montana 11-21-1868 (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Daisy Hull
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Fort Scott, Kan. 1-19-69 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (Mother, etc.) (First name) (Last name), who is related to this child as .....

26. (a) Dec. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Daisy Allan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charles Edward Allan (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Josephine Allan (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Daisy Allan Name
364 East 13th St., Eugene, Oregon P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1940

(SEAL) ..... Notary Public, residing at Eugene, Oregon
My commission expires: 10/15/'44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 120 007 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364338
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Blaine (b) City: Bellevue
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD: Henry Wheeler Sutter
5. Date of Birth (Month, day, year): Mar. 20, 1889
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME: Charles Albert Sutter
11. Color or Race: white
12. Age at time of THIS birth: 29 yrs.
13. Birthplace: Marshall (City or town) Michigan (State or foreign country)
14. Exact Occupation: Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Elizabeth Ann Burch
17. Color or Race
18. Age at time of THIS birth: 23 years
19. Birthplace: Quincy Ills (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother) Mae G. Atwood

26. (a) Dec. 26, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....

~~Bureau of Vital Statistics~~

State of Idaho, } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Laura Sutter Strahan Elliott being first duly sworn, say that I am an older Sister to (Related to (or) acquainted with) Henry Wheeler Sutter (Name of person on certificate above) as such sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wheeler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) as well as both our parents and that this birth **has not been previously recorded.**

Mrs Laura Sutter Strahan Elliott Name
628 South Fifth Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of December, 1940

(SEAL) Thos. J. Turner Notary Public, residing at Pocatello, Idaho
My Com. Expires Oct. 15th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/2/41 L. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251 130007 113

United States
Department of Commerce
Bureau of the Census

DEC 27 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304346
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years....months....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Hailey, Idaho
3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Bruce Bradshaw Beamer
5. Date of Birth (Month, day, year) March 30-1889
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Harrison Beamer
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Princeton (City or town) Ontario, Canada. (State or foreign country)
14. Exact Occupation
15. Industry or Business Lumber. General Mdse.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Eliza Jacobs
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Bowmanville (City or town) Ontario, Canada. (State or foreign country)
20. Exact Occupation
21. Industry or Business Home Maker.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother) Mae G. Atwood

26. (a) Dec. 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ....(Registrar's signature) Bureau of Vital Statistics

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Muriel Adelaide Beamer Clock, being first duly sworn, say that I am an elder sister (Related to (or) acquainted with) of Bruce Bradshaw Beamer (Name of person on certificate above) as an elder sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Newell J. Brown (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Muriel Adelaide Beamer Clock (Muriel Adelaide Beamer Clock) Name
671 E Palm Ave., Redlands, California P. O. Address

Subscribed and sworn to before me on this 10 day of December 1940

(SEAL) Jay C. Sexton Notary Public, residing at Redlands Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 117 044-219

United States
Department of Commerce
Bureau of the Census

DEC 28 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

304423

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. In **THIS** county 46 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address She is dead

3. **RESIDENCE OF FATHER** (city, state) He is dead.

4. **FULL NAME OF CHILD** Benjamin Harrison Sater

5. Date of Birth (Month, day, year) March 17, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Giles Andrew Jackson Sater
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lawrence (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer and stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Barton
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown, Attending Physician, deceased 43 yrs.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

~~The attending Physician was Dr. Giles Sater, Grandfather of child, deceased 43 yrs~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Dec. 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Dec. 28 of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of California
County of Santa Cruz } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, GILES GREENBERY SATER, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) BENJAMIN HARRISON SATER (Name of person on certificate above) as ELDEST BROTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR GILES SATER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Giles G. Sater (Giles Greenbery Sater) Name
214C Rodriguez St. Watsonville, Calif. P. O. Address

Subscribed and sworn to before me on this 17th day of December, 1940

(SEAL) Antoinette Bilicich Notary Public, residing at Watsonville Cal.
My commission expires Dec 4, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued January 8, 1941. E.W.

275-221-045-819

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Alturas (b) City: Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Idaho (b) County: Alturas
(c) City: Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address: Soldier

3. **RESIDENCE OF FATHER** (city, state): Soldier

4. **FULL NAME OF CHILD:** Florence Dorothy Spencer

5. Date of Birth (Month, day, year): Feb. 21, 1889

6. Sex: Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** Alonzo Oliver Spencer
11. Color or Race: white
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Helena, Texas (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Florence Ellen Harr
17. Color or Race: White
18. Age at time of THIS birth: 33 years
19. Birthplace: Pearsevill Iowa (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: 1
23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: 1
(c) Born alive and now dead: (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 25, 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature) Acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Santa Cruz } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Minear Bell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Dorothy Spencer (Name of person on certificate above) as first cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a Midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mabel Minear Bell — Name

Route 2, Box 313, Santa Cruz, Calif. — P. O. Address

Subscribed and sworn to before me on this 20th day of January, 1941.

(SEAL) Harlan C. Kessler — Notary Public, residing at Capitola, Santa Cruz Co. California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Supplemental Affidavit

State of California)
(ss.
County of Santa Cruz)

I, Mabel Minear Bell, being first duly sworn, say that I am related to Florence Dorothy Spencer as first cousin, whose birth certificate is attached, and that I am sure that the facts contained therein are true for the reason that at the time of the birth of this child I was twelve years old and had a sister born one year previously and another sister born one year subsequently. We were close neighbors. I did not attend the birth of this child but my mother, Laura Harr Minear, now deceased, related to this child as Aunt, did attend the birth of this child on the date specified in the attached birth certificate.

Mabel Minear Bell .....Name

Rt. 2, Box 313, Santa Cruz, Calif. ..P.O.Address

Subscribed and sworn to before me on this..20th.....day of January...1941.

(SEAL) Harvey P. Kessler ...Notary Public, residing at Capitola...

Santa Cruz Co.
California

695-109-029-195

Received February 14, 1941

AFFIDAVIT OF BIRTH

For Use in Cases Where Certificates of Birth Cannot Be Supplied

State of ~~Washington~~ Idaho

Department of Health

VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

306434

1. **PLACE OF BIRTH**

County of Latah

City or town of Genesee

2. Full name of child Wilford Henry Finsen

All Data Used in This Affidavit Must Be as of Date of Birth of This Child

3. Sex	If plural births	4. Twin, triplet, or other	5. Number in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, day, year)
male				Full term X	X	Sept 9 1889

FATHER	MOTHER
9. Full name James Otto Finsen	15. Full maiden name Olive Ormeberg
10. Residence Genesee Idaho	16. Residence Genesee, Idaho
11. Color or race white 12. Age at last birthday 24 (Years)	17. Color or race white 18. Age at last birthday 23 (Years)
13. Birthplace (city or place) Jonsberg (State or country) Norway	19. Birthplace (city or place) Eker (State or country) Norway
14. Occupation Farmer	20. Occupation Housewife

(Name of attending physician)

AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THE FACT OF THIS BIRTH

STATE OF Washington, King County, ss.

Hans Norman Finsen being first duly sworn on oath states that he resides at 13246-37th Ave N.E. in Seattle Wash, and that the statements contained in the foregoing Affidavit of Birth are true and correct, as affiant is informed and verily believes.

[SEAL]

Hans Norman Finsen

Subscribed and sworn to before me, a notary public in and for said county and state, this 27th day of January, 1941

K. K. Hansen

Notary Public.

My commission expires Nov. 2-1944.

Do Not Write Below This Line

Filed ....., 19.....

Clyde A. Bridger
Acting *State Registrar.*

By .....

S. F. No. 4514—1936. 7698.

(OVER)

cc 2/24/41 rmf

Instructions for Making Out Affidavit of Birth

1. This form is to be used in recording a birth which occurred in the State of Washington, and was not registered within one year after date.
2. All information furnished in this affidavit must be as of date of birth of the child. Be sure that the AGES OF THE FATHER AND MOTHER, residence, etc., are given as they were at the time of this birth.
3. Fill in EVERY entry on the certificate. If the information cannot be supplied, the word UNKNOWN must appear.
4. In case the attending PHYSICIAN is dead, either PARENT, nearest RELATIVE, or other PERSON having knowledge of the facts of the birth may sign the affidavit before a Notary Public. Such person should be old enough to be personally familiar with the facts stated.
5. In the space for affiant's name and preceding the wording "being first duly sworn....." exact relationship of affiant should be given in parenthesis as "John Doe (Father), William A. Black (Attending Physician)."
6. Return completed affidavit to the STATE DEPARTMENT OF HEALTH, Alaska Bldg., Seattle, Washington, for proper filing.
7. Affidavit should be filled in either with ink or typewriter. DO NOT USE PENCIL.

NOTE: A certified copy of the completed affidavit may be obtained by forwarding with the affidavit postal money order for fifty cents ($0.50), payable to the order of "State Department of Health." Stamps not accepted.

United States 318-123-029-133
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 14 1941

State File No. 306435
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County LATAH (b) City
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: FARMINGTON-WASH. RFD
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days. AT HOME
In **THIS** county 25 ...years ...months ...days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County LATAH
(c) City FARMINGTON WASH
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? ...yrs.
(f) Mother's mailing address DECEASED
3. **RESIDENCE OF FATHER** (city, state) "

4. **FULL NAME OF CHILD** CLAUDE-ROY-LAYTON.
5. Date of Birth (Month, day, year) NOV. 23, 1889
6. Sex. MALE
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** THURSTON-LAYTON
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace ALBANY (City or town) OREGON-RFD (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MAGGIE-ALPHIN
17. Color or Race WHITE
18. Age at time of THIS birth 36 years
19. Birthplace ALBANY (City or town) OREGON-RFD- (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2 (c) Born alive and now dead 6 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ...(born alive, stillborn) at ...M. on the date and at the place stated above, and that personal particulars were furnished by ...(First name) (Last name), who is related to this child as ...(Mother, etc.)

26. (a) ...(Date received) (b) Clyde A. Bridges acting (Registrar's signature)
27. Given name added on ...by ...(Registrar's signature)

25. Attendant's **OWN signature** ...M.D. or ...(D.O., Midwife, etc.)
and address Date

State of ...
County of ... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Phoeby Zimmerman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Claude J Roy Layton (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs John Reese (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Phoeby Zimmerman Name
Shedd Ore. P. O. Address

Subscribed and sworn to before me on this 10th day of February 1941

(SEAL) Arno G. Jensen Notary Public, residing at Halsey Linn County Oregon
My Commission Expires Feb 4 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/24/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-126-036-REGISTRATION
795

United States
Department of Commerce
Bureau of the Census

FEB 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306469
Local Reg. No. 39
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Lewis Boyd Porter
5. Date of Birth (Month, day, year) Sept 26 1889
6. Sex Male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nahum Boyd Porter
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosomand Mercy Green
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grantsville Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Rachel Webster (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Feb 2, 1941 (Date received) (b) G. W. Stokes (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wallace A Head, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Lewis Boyd Porter (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs John McQueen (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Wallace A. Head Signature
Preston Ida P. O. Address

Subscribed and sworn to before me on this 14 day of Feb, 1941

(SEAL) Arthur M. Hart Notary Public, residing at Preston Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/25/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-101-008-262

307769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Gus Kohny Mathison
5. Date of Birth (Month, day, year) Oct 1st 1889
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nels Mathison
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Kohny
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Placerville Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 24 1941 (Date received) (b) Clyde A. Bridge Acting (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Boise } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Robison, being first duly sworn, say that I am ~~Cousin~~ related to (Related to (or) acquainted with) Gus Kohny Mathison (Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Wade (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Robison Signature
Placerville Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of July 1941

(SEAL) J. L. Ashcroft Notary Public, residing at Placerville Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-217-044-
664

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 2 1941

FEB 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307782
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. PARK, ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State TERRITORY IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. PARK, ST.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address WEISER IDAHO

3. **RESIDENCE of FATHER** (city, state): WEISER IDAHO

4. **FULL NAME OF CHILD** LEETA VIOLA HOLDRIDER
5. Date of Birth (Month, day, year) FEB. 17. 1889
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** FRANK SAMUEL HOLDRIDER
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace GRAND RAPIDS MICHIGAN (City or town) (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NORA BELL WOMACK
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace NEWTOWN ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of WASHINGTON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank Harris, being first duly sworn, say that I am ACQUAINTED (Related to (or) acquainted with) LEETA VIOLA HOLDRIDER (Name of person on certificate above) as FRIEND (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. LEETIE SHAW (MID-WIFE) (Name of attendant at birth) who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank Harris Signature
WEISER, IDAHO P.O. Address

Subscribed and sworn to before me on this 24th day of February,
(SEAL) F. P. Lloyd Notary Public, residing at Weiser Idaho

Use only BLACK Ink or BLACK typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CC 3/3/11 AMF

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

State of Idaho, |
| ss.
County of Washington. | Leeta V.Lloyd being duly sworn says:

That she resides at No.2805,Guirado steet in the city of Los AnGelous,California. That she is the mother of Beulah Frances Higgins, now of Los Angeles,California,born to her and Thomas F. Higgins,her former husband,at Weiser,Idaho,on the 6th.day of May,1910.

That this affidavit is made for the purpose of correcting the folowing errors appearing in the attached birth certificate of Dr.C.B.Shirley,now deceased:

That the name of the child mentioned therein is omitted and should have been given as Beulah Frances,the name given her shortly after her birth; that the middle innitial of the father is erroniously given as G.while it should have been F.as stated afterwards in said certificate; that the middle innitial of the affiants name is erroniously given as [illegible] while it should have been given as V which is correct.

That otherwise said certificate is in all respects correct.

Wherefore,this affiant most respectfully requests that registration of said Beulah Frances Higgins be made in accordance with the corrections hereinbefore made and that certificate of birth be made accordingly.

Leeta V. Lloyd
Formally Leeta V. Higgins

Subscribed and sworn to before me this 15th.day of February,1941.

H B Lloyd
Notary Public for Idaho.
Residing at Weiser,Idaho.

STATE OF IDAHO)
) ss.
County of Washington)

I, Ray Wilson, Recorder in and for the County of Washington State of Idaho, hereby certify that a girl was born to Thos. G. Higgins and Leeta H. Higgins, May 6, 1910, as recorded in Book 1 of The Register of Births, Washington County, on page 17, Number 500, and is as follows:

DATE OF BIRTH: May 6, 1910; BIRTH PLACE: Weiser, NAME:_____
SEX: F.; COLOR: W.; NO. IN FAMILY: 1; LIVING OR STILLBORN: L.;
PARENTS' NAMES: Thos. F. Higgins, Leeta H. Higgins; COLOR: W. W.:
OCCUPATION: Laborer, Wife; BIRTHPLACE: Ore., Ida.; AGE: 29, 21;
RESIDENCE: Weiser, Weiser; MAIDEN NAME OF MOTHER: Holdrider;
IS CHILD LEGITIMATE: Yes; BY WHOM RETURNED: C. B. Shirley, M.D.;
DATE RETURNED: July 9, 1910.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Recorder's Office this 14th. day of February, 1941.

Ray Wilson
Recorder
By J. W. Kime - Deputy

State of Idaho, |
| ss.
County of Washington. | Frank Harris and Nettie O. Harris being duly sworn, each for himself anf herself says:

That we were well acquianted with Frank S. Holdrider and Nora Holdrider both before and after their marriage to each other, and that they then resided at Weiser, in said county of Washington, Territory of Idaho. That a daughter was born to them, by name, Lata V. Holdrider, now Lloyd, of Los Angeles, California in the month of February, 1889, at their said place of resideance.

That neither of us have any pecuniary interest in this matter and are not related to any of said parties either by blood or marriage.

Frank S. Harris

Nettie O. Harris

Subscribed and sworn to before me this 19 day of February, 1941.

F. B. Lloyd

Notary Public for Idaho.

Residing at Weiser, Idaho.

553-222-vol-695

308123

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. ~~Street no. not known~~
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. ~~Street no. not known~~
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Boise, Idaho
3. RESIDENCE of FATHER (city, state): ~~Boise, Idaho~~

4. FULL NAME OF CHILD Anna Adella Nelson.
5. Date of Birth (Month, day, year) Feb. 22-1889
6. Sex Girl
7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Alexander Nelson
11. Color or Race White, Am.
12. Age at time of THIS birth 25 yrs.
13. Birthplace Do not know. only in one of the middle (City or town) (State or foreign country) ~~(State)~~
14. Exact Occupation Farmer & Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ann Fields
17. Color or Race White, Am.
18. Age at time of THIS birth 17 yrs.
19. Birthplace Clay Co. Kansas (~~City or town~~) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridges acting (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Ann Barber, being first duly sworn, say that I am ~~the mother of~~ (Related to (or) acquainted with) Anna Adella Nelson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Haley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julia A Barber Signature
Roseburg Oregon P. O. Address

Subscribed and sworn to before me on this 7th day of March, 1941

(SEAL) G W Young Notary Public, residing at Roseburg Oregon

MY COMMISSION EXPIRES FEB. 5, 1944 NOTARY PUBLIC FOR OREGON

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-125-04-791

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell,
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 5 years at home month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Charles Eugene Lee Lopeman

5. Date of Birth (Month, day, year) Dec., 25, 1889

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Simon Lopeman
11. Color or Race white U.S.Citizen
12. Age at time of THIS birth abt.58 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgana Graham,
17. Color or Race White U.S.Citizen
18. Age at time of THIS birth Abt. 38 yrs.
19. Birthplace Quincy, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business family

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Name; Charles Eugene Lee,

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting

27. Given name added on ..... by ..... (Registrar's signature)

State of WASHINGTON
County of JEFFERSON } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ott Lopeman, being first duly sworn, say that I am related to the above (Related to (or) acquainted with) named Charles Eugene Lee Lopeman (Name of person on certificate above) as his brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Eugene Lee, who attended said birth (Name of attendant at birth) cannot be located (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

I was born, Aug., 23rd 1885

Ott Lopeman ..... Signature

Hadlock, Wash., ... P. O. Address

Subscribed and sworn to before me on this 13th day of March, 1941

(SEAL) ..... Notary Public, residing at Port Townsend, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

309382

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Blaine

City of Bellevue, Idaho

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Minnie Augusta Wondershek

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth April 24, 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Wondershek	18. Full maiden name: Anna Strinskey
10. Residence (usual place of abode) (If non-resident, give place and State): Hailey, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Hailey, Idaho
11. Color or race: White 12. Age at last birthday: 31 ~~69~~ (years)	20. Color or race: White 21. Age at last birthday: 31 ~~76~~ (years)
13. Birthplace (city or place) (State or Country): Dubuque, Iowa	22. Birthplace (city or place) (State or Country): Dubuque, Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining & Ranching	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mining & Ranching	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work: Jan. 2, 1928	25. Date (month and year) last engaged in this work: June 17, 1934
17. Total time (years) spent in this work: All his Life	26. Total time (years) spent in this work: All of her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother: Two (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation: None months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ..... Midwife

Address .....

Filed MAR 22 1941, 193.. Mabel F. Felder

Registrar.

cc 4/4/41 RMF

665-2 24-007-039

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of UTAH
County of Salt Lake } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albert J. Wondershek being first duly sworn says that he is the brother (Relationship of child)* of Minnie Augusta Wondershek born April 24, 1889 (Date of birth) at Bellevue, Idaho, whose certificate of birth is hereto attached, and that Minnie Augusta Wondershek desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Minnie Augusta Wondershek hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no attendant M. D., was the Midwife medical attendant at the birth of said Minnie Augusta Wondershek and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Albert J. Wondershek

P. O. Address 1339 Logan Ave., Salt Lake City, Utah

Subscribed and sworn to before me this 17 day of March, 19 41

Notary Public.

Residing at Salt Lake City Utah, Utah.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

255-101-029-818

United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309751
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 2 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): Moscow, Ida.

4. FULL NAME OF CHILD: Orville Hayter Kneen
5. Date of Birth (Month, day, year): Sept. 1, 1889
6. Sex: Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME: Charles Orville Kneen
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Milwaukee (City or town) Wisconsin (State or foreign country)
14. Exact Occupation
15. Industry or Business: Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME: Alice Matilda Hayter
17. Color or Race: White
18. Age at time of THIS birth: 26 yrs.
19. Birthplace: London (City or town) England (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: One (b) Born alive and now living: two (c) Born alive and now dead: four (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) April 7 - 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of: Idaho
County of: Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie Watkins Pfeil, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Orville Hayter Kneen (and have been since his infancy) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my father, Dr. W. W. Watkins (Name of attendant at birth), who attended said birth is now deceased (was now deceased (or) cannot be located) and that this birth has not been previously recorded, but that the information given above is taken from his records as birth No. 387 on page 35 of his record book.

Elsie Watkins Pfeil — Signature
216 - 2nd Polk St Moscow Ida — P. O. Address

Subscribed and sworn to before me on this 28 day of March, 1941

(SEAL) [signature] Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951-215 1941-751

RECEIVED

APR 4 1941

309805

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County WASHINGTON (b) City MIDDLE VALLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME - RESIDENCE
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City MIDDLE VALLEY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address MIDDLE VALLEY

3. RESIDENCE of FATHER (city, state): MIDDLE VALLEY

4. FULL NAME OF CHILD WINONA MAUDE REAVIS

5. Date of Birth (Month, day, year) APRIL 15, 1889

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ROBERT STUART REAVIS
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace ELM SPRINGS, ARKANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ELLEN PEARCE
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace ATHENS, TENNESSEE (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME -

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living ~~5~~
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Maud F. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ellen Reavis, being first duly sworn, say that I am MOTHER RELATED TO (Related to (or) acquainted with) WINONA MAUDE REAVIS (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Reave (Midwife) (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ellen Reavis Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of March, 1941

(SEAL) Helen F. Dunmore Notary Public, residing at Payette, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-203-021-5 REC'D

309840

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address Franklin, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Florence Nuttall Parkinson

5. Date of Birth (Month, day, year) Nov. 3rd 1889

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Chandler Parkinson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer & Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Nuttall
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Manchester (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:05 P. M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 8 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada N. Parkinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Florence Nuttall Parkinson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Hawks (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ada N. Parkinson Signature
717 N. Louise, Glendale, California P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1941

(SEAL) Benjamin W. Henderson Notary Public, residing at Los Angeles, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-120-032-693-D

309844

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 0 years 6 month 0 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ½ yrs.
(f) Mother's mailing address Shoshone, Idaho

3. **RESIDENCE of FATHER** (city, state) Shoshone, Ida

4. **FULL NAME OF CHILD** Marion Elza Mahoney

5. Date of Birth (Month, day, year) Dec. 20, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elza Sapella Mahoney
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Albany, Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Marie Hill
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Howard, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) APR 7 1941 (Date received) (b) Mabel T. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Alice Mahoney, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marion Elza Mahoney (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Alice Mahoney Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of April, 19 41

(SEAL) Preston Thatcher Notary Public, residing at Salmon, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/22/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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589-DID 036-845

United States
Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309904
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Marsh Valley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: none - at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Marsh Valley
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Marsh Valley, Ida
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD PEARL EMILY BYINGTON
5. Date of Birth (Month, day, year) 9-10-1889
6. Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOSEPH HENRY BYINGTON
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Huntsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSETTA HUNT
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Huntsville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 10, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosetta Byington, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pearl Emily Byington (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lloyd, midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Rosetta Byington Signature

P. O. Address

Subscribed and sworn to before me on this 5th day of March 1941

(SEAL) Irma Hagland Notary Public, residing at Long Beach, Calif

My Commission expires Dec 13, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 - 102 - 028 - 467 - RECEIVED

309912

United States
Department of Commerce
Bureau of the Census

APR 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 109
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Rathdrum, Idaho
3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida.

4. **FULL NAME OF CHILD** Robert S. Bragaw - Jr.
5. Date of Birth (Month, day, year) May 2, 1889
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy Yes
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert S. Bragaw
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace New London, Conn. (City or town) (State or foreign country)
14. Exact Occupation County Auditor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Henrietta Molder
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace Healsburg, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) 3.28.41 (Date received) (b) A. L. Newman (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of ~~Idaho~~ Washington
County of ~~Kootenai~~ Pend Oreille County } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A. F. Wentz, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert S. Bragaw Jr., (Name of person on certificate above) as an uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Wentz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

A. F. Wentz Name
Blanchard, Idaho. P. O. Address

Subscribed and sworn to before me on this 1st day of February 1941

(SEAL) Notary Public, residing at Newport, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/18/41. W.H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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194-106-022-162 RECEIVED

309949

United States
Department of Commerce
Bureau of Census

APR 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Genesee

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Albert Dexter Armstrong

5. Date of Birth (Month, day, year) July 6 - 1889

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Dexter Armstrong
11. Color or Race white
12. Age at time of THIS birth 54 yrs.
13. Birthplace Centerville (City or town) Knox Co Ohio (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Johnston
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Dallas (City or town) Polke Co Oregon (State or foreign country)
20. Exact Occupation Housekeeper.
21. Industry or Business

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 12 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Mabel McCarty (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) APR 15 1941 (Date received) (b) Mabel F Kelley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Shoshone. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Mabel McCarty, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Albert Dexter Armstrong (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Ogles (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Mabel McCarty Signature
Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of April, 1941

(SEAL) Ray D Thomas Notary Public, residing at Troy, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465 127 044 255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

RECEIVED MAY 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311883
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home -- days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** George Donart
5. Date of Birth (Month, day, year) 2/27/1889
6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joshua Edward Donart
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ithica, Michigan (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business --

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Belle Keenan
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Pleasanton, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Belle Donart (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) MAY 17 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Mrs R H Martin X MD (D.O., Midwife, etc.)
and address 216 State Street Boise, Idaho Date 5/15/41.

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

c.c. 5/23/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician, or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-120-235-219

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Francis Conley
5. Date of Birth (Month, day, year) July 20, 1889
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME James Conley	16. FULL MAIDEN NAME Ella Barton
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 22 yrs.
13. Birthplace Troy (City or town) New York (State or foreign country)	19. Birthplace Vincennes, (City or town) Indiana (State or foreign country)
14. Exact Occupation Delivery man.	20. Exact Occupation Housework.
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Mabel T. Eeder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Conley, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Francis Conley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139 (1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. B. Morris, M.D. (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Conley Signature
401-4th Street Lewiston P. O. Address

Subscribed and sworn to before me on this 19 day of May, 1941.

(SEAL) Phil Pierce Notary Public, residing at ____

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/2/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-12-044-154

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313053
Local Reg. No.
Reg. Dist. No.

MAY 24 1941

1. **PLACE OF BIRTH**
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 18 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Indian Valley
3. **RESIDENCE of FATHER** (city, state) Indian Valley Ida

4. **FULL NAME OF CHILD** Tilford Lindsay
5. Date of Birth (Month, day, year) 10/24/1889
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Landridge Kelsey Lindsay
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Santa Rosa (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louvina Anderson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Umatilla (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAY 24 1941 (Date received) (b) Maud H. Elefer (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ursula J. Hutchison, being first duly sworn, say that I am Sister (Related to (or) acquainted with) Tilford Lindsay (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Ursula J. Hutchison Signature
1671 Iowa St Bellingham Wn Address

Subscribed and sworn to before me on this 21 day of May 1941

(SEAL) ____ Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-103-016-249

United States
Department of Commerce
Bureau of Census

JUN 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313592
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county -- years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Oakley

3. **RESIDENCE of FATHER** (city, state) Oakley

4. **FULL NAME OF CHILD** William Wells Cheney

5. Date of Birth (Month, day, year) Sept. 30th 1889

6. Sex Single Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wells Ezekiel Cheney
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Smith
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hyrum, Utah. (City or town) (State or foreign country)
20. Exact Occupation hiusewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as: ..... (Mother, etc.)

26. (a) JUN 19 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wells Ezekiel Cheney, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Wells Cheney (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dailey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wells Ezekiel Cheney Rigby Idaho
Signature P. O. Address

Subscribed and sworn to before me on this 11 day of June, 1941

(SEAL) Beth H. Bennett Notary Public, residing at Rigby, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P.C. 4/20/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846 214 025 339

314802

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 23 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: x
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home x days. IN THIS county x years x month x days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 62 yrs.
(f) Mother's mailing address Grangeville, Ida.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Myrtle (Howard) ~~[illegible]~~

5. Date of Birth (Month, day, year) Apr. 14 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME O.B. Howard
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Battlecreek (City or town) Mich (State or foreign country)
14. Exact Occupation Stockraising
15. Industry or Business xx

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Cline
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Molalla (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business xx

22. Name prophylactic used to ~~prevent~~ ~~Ophthalmia~~ Neonatorum x
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9 (c) Born alive and now dead x (d) Stillborn x

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as x (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Mabel [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature x M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Flora Howard, being first duly sworn, say that I am Related (Related to (or) acquainted with) Myrtle (Howard) Mundt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary J. White (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Flora Howard Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of June, 19 41

(SEAL) T. Rothwell Notary Public, residing at Grangeville.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239 104 030 236

314961

United States
Department of Commerce
Bureau of Census

JUN 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Thompson Falls, Mont.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Cornelius Milo Stine

5. Date of Birth (Month, day year) Dec. 4, 1889

6. Sex Male

7. Twin or Trip'let If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elza Stine
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Blufton, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth May Stobie
17. Color or Race white
18. Age at time of THIS birth 27 yrs
19. Birthplace Blufton, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 24 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)
JUN 24 1941

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Mont
County of Sanders } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth May Hagel, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Cornelius Milo Stine (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kinney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth May Hagel Signature
P. O. Address

Subscribed and sworn to before me on this 23rd day of June 1941

(SEAL) H. S. Greenwalt Notary Public residing at

NOTARY PUBLIC FOR THE STATE OF MONTANA
RESIDING AT THOMPSON FALLS MONTANA
MY COMMISSION EXPIRES NOVEMBER 13TH 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

818 715006 693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315003
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Bannock~~ Bingham (b) City Pocatello
(c) Street Address or R.F.D.No. North Main St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bannock~~ Bingham
(c) City Pocatello
(d) Street Address or R.F.D.No. North Main St
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD WILLIAM LORENZO HAYES

5. Date of Birth (Month, day year) Feb. 15, 1889

6. Sex male

7. Twin or Trip'let If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Robert James Hayes	16. FULL MAIDEN NAME	Mary Frances Wilber
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	28 yrs.	18. Age at time of THIS birth	18 yrs
13. Birthplace (City or town) (State or foreign country)	Oswego, New York	19. Birthplace (City or town) (State or foreign country)	Virginia City, Montana
14. Exact Occupation	Machinist, O.S.L.R.R	20. Exact Occupation	Housewife
15 Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 27-1941 (Date received) (b) Mabel F. Geeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lila Wilber Franklin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Lorenzo Hayes (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bean (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lila Wilber Franklin Signature
905 Reservoir Ave Pocatello P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1941

(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

105-213-207243

United States
Department of Commerce
Bureau of Census

JUN 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315118
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Grouse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Grouse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Grouse Idaho

3. **RESIDENCE of FATHER** (city, state) Grouse Idaho

4. **FULL NAME OF CHILD** Clara Helen Jones

5. Date of Birth (Month, day, year) June 13 1889

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Wiley Jones	16. **FULL MAIDEN NAME** Sarah Helen Bethem
11. Color or Race White 12. Age at time of THIS birth 43 yrs.	17. Color or Race White 18. Age at time of THIS birth 27 yrs.
13. Birthplace Hagerville Tennessee (City or town) (State or foreign country)	19. Birthplace Sandusky Ohio (City or town) (State or foreign country)
14. Exact Occupation Rancher	20. Exact Occupation House wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 20 1941 (Date received) (b) Marvel H. Geeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Sarah H. Jones M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah H. Jones, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Clara Helen Jones (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nellie LaPeer (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah H. Jones Signature
Moreland, Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of June, 1941

(SEAL) [illegible] Notary Public, residing at Arco Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445 228 029 · 266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315464
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City was home
(c) Street Address or R.F.D. No. home
(d) Name of Hospital or Maternity Home: was in Owen home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 4 days In THIS county ✓ years ✓ month ✓ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State Idaho (b) County Latah
(c) City was home - lived in Idaho near Washington line
(d) Street Address or R.F.D. No. home
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Farmington Wash.
3. RESIDENCE of FATHER (city, state) Latah Co. Idaho

4. FULL NAME OF CHILD Bessie Louise Duncan
5. Date of Birth (Month, day, year) Feb 28, 1889
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Duncan
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Linn Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Bowen
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Unknown (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 15 1941 (Date received) (b) Maud T. Euler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Calif. Los Angeles
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie Miller, being first duly sworn, say that I am a Sister Related to (Related to (or) acquainted with) Bessie Louise Duncan (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Burden (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maggie Miller. P O Box 233. Harbor City Calif. Signature
P. O. Address

Subscribed and sworn to before me on this 10th day of May, 19 41

(SEAL) K. J. Hunter Notary Public, residing at 2 e 15 n 2 4 R 21 Lomita Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-118-022-389

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 16 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315472
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Egin Bench
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years ..... month ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Fremont Co (b) County
(c) City Egin Bench
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Egin Bench, Idaho

3. RESIDENCE of FATHER (city, state) Fremont Co.

4. FULL NAME OF CHILD Samuel Morni Smith

5. Date of Birth (Month, day year) April 18-1889

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Havelock Smith
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Austin Jefferson Mahoning Co Ohio (City or town) (State or foreign country)
14. Exact Occupation ~~Retired~~ Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Christensen
17. Color or Race white
18. Age at time of THIS birth 19 yrs
19. Birthplace Copenhagen Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 5 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 16-1941 (Date received) (b) Maud T. Euler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Canada
County of Alberta } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Harry Havelock Smith, being first duly sworn, say that I am the father (Related to (or) acquainted with) of Samuel Morni Smith (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Cecilia Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H H Smith Signature
Carstairs Alberta Canada P. O. Address

Subscribed and sworn to before me on this 27th day of June 1941

(SEAL) J. W. Jacobs Notary Public, residing at Carstairs Alberta Canada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-18-41

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

244 203 001 367

315503

United States
Department of Commerce
Bureau of Census

JUL 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315503
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. R#5
(d) Name of Hospital or Maternity Home: Born in the home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county Ada years 7 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. R#5
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Box 674, Boise, Ida.

3. **RESIDENCE of FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Lucelle Pearl Summers

5. Date of Birth (Month, day, year) 5-3-1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Summers
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Coxs
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ironton, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 24 1941 (Date received) (b) Mabel F. Keller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elizabeth Cole, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lucelle Pearl Summers (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Elizabeth Cole — Signature
P.O. Box 674 — P. O. Address

Subscribed and sworn to before me on this 24 day of July, 1941

(SEAL) Winthy M. Gray — Notary Public, residing at Boise, Idaho
My Comm Expires 10/26/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell, Idaho JUL 29 1941

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

316861

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Allen Dement

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ✓ Full term ..... | 7. Legitimate? yes | 8. Date of birth 11-11, ~~193~~ 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Alexander Dement	18. Full maiden name Malinda Catherine Calloway
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell	19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell
11. Color or race W | 12. Age at last birthday 31 (years)	20. Color or race W | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Quincy, Illinois	22. Birthplace (city or place) (State or Country) near Star, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed JUL 29 1941, 193.... ..... Registrar.

454111-614-313

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Malinda C. Dement being first duly sworn says that she is the mother (Relationship of child)* of James Allen Dement born November 11, 1889 (Date of birth) at Caldwell, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Allen Dement hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. O. H. Calloway, M. D., was the ~~Midwife~~ medical attendant at the birth of said James Allen Dement and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Malinda C. Dement

P. O. Address 1401 N 20 St Boise Idaho

Subscribed and sworn to before me this 3 day of July, 1941

Albert W. Griffith
Notary Public.

Residing at Ketchum, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

214-118-016-545

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 25 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316926
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN THIS county 8 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Blackfoot, Ida.

3. RESIDENCE of FATHER (city, state) Blackfoot,

4. FULL NAME OF CHILD Baumgardner, Otto Alexander

5. Date of Birth (Month, day year) Dec. 18, 1889 Ida.

6. Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd none

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Bumgarner, James Logan
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sylva, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emerson, Lydia Lenora
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Topeka, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

JUL 25 1941

26. (a) (Date received) (b) Mabel Y. Felder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Lenora Bumgarner, being first duly sworn, say that I am related to (Related to (or) acquainted with) Otto Alexander Bumgardner (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bailey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Lenora Bumgarner Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of July, 19 41

(SEAL) Arthur Wilson Notary Public, residing at Cambridge, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Bureau of Vital Statistics JUL 25 1949

You will notice a difference in the spelling of the name. There is no error, the spelling is OK

Respt.,

O A Baumgardner

33-111-030-693

316929

United States
Department of Commerce
Bureau of Census

JUL 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. Home
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elmer Lawrence Clark.

5. Date of Birth (Month, day year) Dec. 11-1889

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Curtis Lawrence Clark
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Defiance (City or town) Ohio (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Wilcken
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living alive.
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 31 1941 (Date received) (b) Marvel Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eliza Wilcken Henshaw, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) of Elmer Lawrence Clark xx (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that do not know (Name of attendant at birth), who attended said birth do not know (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eliza W. Henshaw Signature
1415 No. 16th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of July, 19 41

(SEAL) John Jackson
Notary Public residing at Probate Judge Ada County, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

866-215-029-281

United States
Department of Commerce
Bureau of the Census

RECEIVED

JUL 29 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Palouse
(c) Street Address or R.F.D. No. R.F.D. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county 2 years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Palouse
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address R.F.D. 3 Palouse

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Bertha Anna Howell

5. Date of Birth (Month, day, year) Jan. 15, 1889

6. Sex F. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Howell
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Martinsville (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Sharrai
17. Color or Race White 18. Age at time of THIS birth 23 years
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....

26. (a) JUL 29 1941 (Date received) (b) Malvel H. Geiger (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie May Berry, being first duly sworn, say that I am related (Related to (or) acquainted with) Bertha Anna Howell (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williams (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nettie May Berry ....Name
....P. O. Address

Subscribed and sworn to before me on this 24 day of July, 1941.

(SEAL) J. E. Mueller ....Notary Public, residing at Colfax, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-104-206-599

RECEIVED

JUL 30 1947

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317053
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH now Bonneville
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D.No. Lava Street
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. None.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Eagle Rock, now Idaho Falls
(d) Street Address or R.F.D.No. Lava
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Eagle Rock, Idaho

3. RESIDENCE of FATHER (city, state) Eagle Rock, Idaho

4. FULL NAME OF CHILD Edwin Junus Rushton

5. Date of Birth (Month, day year) June 4, 1889

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Edwin Rushton
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Manchester, England (City or town) (State or foreign country)
14. Exact Occupation Bar Tender
15. Industry or Business Hotel Bar

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Erickson
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Christianna, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one
(c) Born alive and now dead 0 (d) Stillborn No.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Mabel H. Geder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Ferguson, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Edwin Junus Rushton (Name of person on certificate above) as friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fred Mitchell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Ferguson Signature

205 W. 14th Street, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of July, 1941.

(SEAL) Geo. W. Edgington Notary Public, residing at Idaho Falls, Idaho.

GEO. W. EDGINGTON

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

381-111-229-25-9

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 1 1941

State File No. 317063
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Vollmer or Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. In THIS county ____ years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Vollmer later called Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Herbert Lee Chamberlain
5. Date of Birth (Month, day, year) Jan 11 1889
6. Sex Male
7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Geo. H. Chamberlain
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Common labor
15. Industry or Business Shingle making

MOTHER OF CHILD

16. FULL MAIDEN NAME Letitia Belle Kerns
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at about 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Laura B Scott (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) AUG 1 1941 (Date received) (b) Mabel H Geller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Matilda Johnson M.D. (D.O., Midwife, etc.)
and address Troy Ida Date 8-8

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-207-029-415

United States
Department of Commerce
Bureau of the Census

JUL 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317065

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Latah (b) City: Moscow
(c) Street Address or R.F.D. No.: Farm
(d) Name of Hospital or Maternity Home: Born at Home on Farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State: Washington (b) County: Stevens
(c) City: Colville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address: Colville, Wash.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD:** Nellie Ann Northrup

5. Date of Birth (Month, day, year): Mar. 7, 1889

6. Sex: female

7. Twin or Triplet: no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** George Alfred Northrup
11. Color or Race: White
12. Age at time of THIS birth: 31 yrs.
13. Birthplace: Walla Walla, (City or town) Washington (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Joella Davisson
17. Color or Race: White
18. Age at time of THIS birth: 24 years
19. Birthplace: Eugene, (City or town) Oregon (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None
23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 2
(c) Born alive and now dead: none (d) Stillborn:

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:50 P.M. on the date and at the place stated above, and that personal particulars were furnished by Joella Davisson Northrup (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Marel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** None M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington
County of Chelan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joella Davisson Northrup, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nellie Ann Northrup (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joella Davisson Northrup Name
Colville, Stevens County, Washington P. O. Address

Subscribed and sworn to before me on this 7 day of July, 1941

(SEAL) Nan Kellar Notary Public, residing at Cashmere,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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563-28-016-241

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317172
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Raft River
(c) ~~Street Address or R.F.D.No.~~ Ranch home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City near Raft River (country)
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address RaftRiver,

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Pearl Ethel Colton

5. Date of Birth (Month, day year) Aug.28,1889

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Byron Colton
11. Color or Race White 12. Age at time of THIS birth 19 yrs.
13. Birthplace San Bernardino, California (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Livestock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennis Margaret Smart
17. Color or Race White 18. Age at time of THIS birth 19 yrs
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife and
21. Industry or Business cook for sheep herders

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 2 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mae Sellers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Pearl Ethel Colton (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Smart (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

× Mrs Mae E. Sellers Signature
1227 Twelfth Ave., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 22 day of July 1941

(SEAL) Roger Jones Notary Public, residing at Los Angeles, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

155-126-004-815

317293 317293

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 12 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Bennington,
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home -- days.
IN **THIS** county 24 years 10 month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State- Idaho, (b) County Bear Lake
(c) City Bennington,
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Bennington, Idaho

3. RESIDENCE of FATHER (Street) Bennington, Idaho.

4. FULL NAME OF CHILD Marvin Jensen,

5. Date of Birth (Month, day year) July 26, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mads Peter Jensen,

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Brigham City, Utah,
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Hansen

17. Color or Race White

18. Age at time of THIS birth 25 yrs

19. Birthplace Mantua, Utah.
(City or town) (State or foreign country)

20. Exact Occupation Homekeeping

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 12 1941 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Utah
County of Box Elder } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs M. P. Jensen, being first duly sworn, say that I am related (Related to (or) acquainted with) Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Kennett Tubbetts (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs M. P. Jensen Signature
Brigham City, Utah P. O. Address

Subscribed and sworn to before me on this 28 day of January, 19 41

(SEAL) J. E. Baird Notary Public, residing at Brigham, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

499-118-001-163

#317309

317309

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 19 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None - at home
(e) Mother's stay **BEFORE** delivery: None days.
In Hosp. or Mat. Home
IN **THIS** county 6 years X month X days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Thomas Peter Driscoll

5. Date of Birth (Month, day year) 11/18 - 1889

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd x x

8. No. months of Pregnancy ?

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Timothy Driscoll
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Ireland (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Susanna Jolly
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x x x

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related (Mother, etc.) to this child as
26. (a) AUG 19 1941 (Date received) (b) Mabel H. Feeler (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edgar Meek, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Thomas Peter Driscoll (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ruhe Robbins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth ~~has not been previously recorded.~~

Edgar Meek, Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of August, 1941
(SEAL) [signature] Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-224-028-869

317344

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Bonner~~ Kootenai (b) City Sandpoint
(c) Street Address or R.F.D.No. Railroad Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~ Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D.No. Railroad Ave.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Sandpoint, Idaho

3. RESIDENCE of FATHER (city, state) Sandpoint, "

4. FULL NAME OF CHILD Georgia Iva Holton

5. Date of Birth (Month, day year) Feb. 24, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME George Wellington Holton	16. FULL MAIDEN NAME Delia Amanda Horning
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 39 yrs.	18. Age at time of THIS birth 30 yrs
13. Birthplace Kent County (City or town) Ontario (State or foreign country)	19. Birthplace Watson (City or town) Michigan (State or foreign country)
14. Exact Occupation Woodsman	20. Exact Occupation Housewife
15 Industry or Business	21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at 5 A. M. on the date (born alive, ~~XXXXX~~) and at the place stated above, and that personal particulars were furnished by Delia (First name) Holton (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 15 1941 (Date received) (b) Maud H. Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delia Holton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Georgia Iva Holton (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ferguson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Delia Holton — Signature
Sandpoint, Idaho — P. O. Address

Subscribed and sworn to before me on this 11 day of August, 1941

(SEAL) Eunice E. Eathum — Notary Public, residing at Sandpoint, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-111-035-819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 6 1941

State File No. 317376
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.
(f) Mother's mailing address Cottonwood Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD John Levi Rooke

5. Date of Birth (Month, day year) Dec-11-1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Andrew Burton Rooke
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Malden, West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie E. Harrimen
17. Color or Race white
18. Age at time of THIS birth 49 yrs
19. Birthplace Clifton, West Virginia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

AUG 6 1941

26. (a) ____ (Date received) (b) Mabel Keefer (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nannie E. Rooke, being first duly sworn, say that I am Related (Related to (or) acquainted with) John Levi Rooke (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John W. Turner, M.D (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nannie E. Rooke — Signature
Cottonwood Idaho — P. O. Address

Subscribed and sworn to before me on this 4 day of August, 1941

(SEAL) Filey Martin Notary Public, residing at Cottonwood Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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628-207-028-862

United States
Department of Commerce
Bureau of Census

JUL 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317425
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D.No. 4th St.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D.No. 4th St.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Coeur d'Alene, Ida

3. RESIDENCE of FATHER (city, state) Coeur d'Alene Ida

4. FULL NAME OF CHILD Ruby Lenore Oshier

5. Date of Birth (Month, day year) Feb. 7 1889

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Edward Oshier.
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace don't know. (City or town) Canada (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Charity Hopkins
17. Color or Race white 18. Age at time of THIS birth 26 yrs
19. Birthplace Cornwall (City or town) Eng. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argerol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child (Mother, etc.)

JUL 24 1941

26. (a) ..... (Date received) (b) Marvel H. Eddy (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Charity Jenkins being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Carson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Grace Charity Jenkins. Signature

P. O. Address

Subscribed and sworn to before me on this 21st day of July 1941.

(SEAL) E. H. Miles U.S. Notary Public, residing at Coeur d'Alene Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-114 036 415

318685

United States
Department of Commerce
Bureau of Census

AUG 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County: Oneida (b) City: Preston
(c) Street Address or R.F.D.No.: Idaho
(d) Name of Hospital or Maternity Home: Nurse
At home, Swan, Midwife
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 30 days.
IN **THIS** county 60 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Preston

4. FULL NAME OF CHILD Samuel Arthur Kershaw

5. Date of Birth (Month, day year) May 14, 1889

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Kershaw
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: England (City or town) (State or foreign country)
14. Exact Occupation: Carpenter
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Davis
17. Color or Race: White
18. Age at time of THIS birth: 35 yrs
19. Birthplace: Preston Idaho U.S.A. (City or town) (State or foreign country)
20. Exact Occupation: House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

26. (a) Aug 16-1941 (Date received) (b) Mabel H Geder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** now dead M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Kershaw being first duly sworn, say that I am the father (Related to (or) acquainted with) of Samuel Arthur Kershaw (Name of person on certificate above), as the father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Fanny Swan (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Thomas Kershaw Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of August 1941

(SEAL) Arthur W Hart Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-218037 766

#318 716

United States
Department of Commerce
Bureau of Census

AUG 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318716
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Owyhee (b) City Oreana
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Nellie Melvina Mowbray
5. Date of Birth (Month, day year) 18-10-1889
6. Sex femail
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Robert Mowbray	16. FULL MAIDEN NAME Sarah Frances Goff
11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 24 yrs.	18. Age at time of THIS birth 17 yrs
13. Birthplace Boise Idaho (City or town) (State or foreign country)	19. Birthplace Middleton Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer	20. Exact Occupation house wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 22 1941 (Date received) (b) Mabel T. Keefer (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William E. Goff, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nellie Melvina Mowbray (Name of person on certificate above) as uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rachael Goff (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William E. Goff Signature
1517 Grove St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of August 1941
(SEAL) Myrna L. Brewer Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1-22-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363 125001 553

#318747

318747

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Nampa,
(c) Street Address or R.F.D. No. 720 "C" Street,
(d) Name of Hospital or Maternity Home:
Born at parental home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Nampa
(d) Street Address or R.F.D. No. 720 "C"
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address 720 "C" St. Nampa, Idaho.

3. RESIDENCE of FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Cone Cottingham

5. Date of Birth (Month, day year) Sept. 25, 1889

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Fenton George Cottingham,
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sharon Center, Ohio. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Lumber business.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva May Nettleton
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Medina, Ohio. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known, if any.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho, County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eliza L. Nettleton, being first duly sworn, say that I am a cousin by marriage of the said Cone Cottingham, (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. S. Kohler (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eliza L. Nettleton Signature
307 8th Ave So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of August, 1941
(SEAL) H. Hagen Notary Public, residing at Nampa, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-228025-243

United States
Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319008
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Fourth St. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home
IN **THIS** county 2 years 10 months 10 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Fourth St. Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs. 10 mo
(f) Mother's mailing address Fmt. Idaho

3. **RESIDENCE of FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Elizabeth Mae Davis

5. Date of Birth (Month, day, year) Aug 25 1889

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Isaac Henry Davis
11. Color or Race
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bedford Mass. (City or town) (State or foreign country)
14. Exact Occupation farmer freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Susan Butler
17. Color or Race
18. Age at time of THIS birth 31 yrs.
19. Birthplace Scottsburg Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Aug 25 (born alive, stillborn) at 1250 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Susan Butler (First name) (Last name), who is related to this child as (Mother,

26. (a) AUG 25 1941 (Date received) (b) Mabel H. Eccles (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Mrs Milt Cantrell Midwife (D.O., Midwife, etc.)
and address Grangeville Date Aug 25-1889

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

169 126 006-795

319098

United States
Department of Commerce
Bureau of the Census

AUG 28 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot - R2
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R F D no 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address (For registration notice): dead -
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** William Elmer Jordan
5. Date of Birth (Month, day, year) Feb 26 1889
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hyrum Jordan
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Springville Utah (City or Town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Given
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Heber City Utah (City or Town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Crawford (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) AUG 28 1941 (Date received) (b) Manuel H Geuder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** Elizabeth Crawford M.D. (D.O., Midwife, etc.)
mid wife
and address Blackfoot Ida Date Aug - 6 - 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

3-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

351 / 22016-795

United States
Department of Commerce
Bureau of the Census

SEP 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ___ days.
In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? About 10 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state): Deceased

4. FULL NAME OF CHILD Clarence Nathaniel Leavitt
5. Date of Birth (Month, day, year) Feb. 22-1889
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nathaniel Leavitt
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stock Raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Minerva Pierson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead — (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

SEP 6 1941

26. (a) (Date received) (b) Mabel H. Fuller (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Leavitt Powers, being first duly sworn, say that I am related (Related to (or) acquainted with) Clarence Nathaniel Leavitt (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. Long (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Leavitt Powers Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of September, 1941

(SEAL) Henry H. Hilton Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-127040966

SEP 18 1941

319722

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: midwife
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke S
(d) Street Address or R.F.D. No. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Harry Alfonso Bard

5. Date of Birth (Month, day year) April 27, 1882.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Louis Bard
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Rome, New York (City or town) (State or foreign country)
14. Exact Occupation Operating Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Maria Rooney
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Peoche, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living None
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 18 1941 (Date received) (b) Maurel H. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maria Ella Leighty, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Harry Alfonso Bard (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Indian Midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs Maria E. Leighty Signature
406 River St. Wallace Ida. P. O. Address

Subscribed and sworn to before me on this 8 day of September, 1941
(SEAL) John C. Barnes Notary Public, residing at Wallace Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-28-040-437

United States
Department of Commerce
Bureau of Census

SEP 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319743
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) ~~City~~ Village Mullan
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ——days.
IN THIS county years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Village Mullan
(d) Street Address or R.F.D.No. —
(e) How long has MOTHER lived in Idaho? 10 months yrs.
(f) Mother's mailing address Mullan, Idaho

3. RESIDENCE of FATHER (city, state) Mullan, Idaho

4. FULL NAME OF CHILD John Alexander Mc Leod

5. Date of Birth (Month, day year) Sept. 28 th 1889

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Roderick John Mc Leod	16. FULL MAIDEN NAME Sarah Ann Mc Phee
11. Color or Race White 12. Age at time of THIS birth 35 yrs.	17. Color or Race White 18. Age at time of THIS birth 32 yrs
13. Birthplace Dalhousie, Quebec, Canada (City or town) (State or foreign country)	19. Birthplace Kenyon Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation Blacksmith	20. Exact Occupation Housewife
15. Industry or Business Mining	21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Maurel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabelle Mc Leod Preston, being first duly sworn, say that I am sister to (Related to (or) acquainted with) John Alexander Mc Leod (Name of person on certificate above) as an older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M. H. Keefer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Isabelle Mc Leod Preston Signature
2607 West Euclid Spokane Wn. P. O. Address

Subscribed and sworn to before me on this 19th day of September 1941
(SEAL) Justin A. Maloney Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

235-114 035-249

321024

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 24 1941

1. PLACE OF BIRTH
(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No. Westlake P.O.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No. Westlake P.O.
(e) How long has **MOTHER** lived in Idaho? 7 mo. yrs.
(f) Mother's mailing address Westlake P.O.

3. RESIDENCE of FATHER (city, state) Lewiston, Ida.

4. FULL NAME OF CHILD Elnathan (Nate) Morgan Stephens

5. Date of Birth (Month, day year) May 14, 1889

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Franklin Taylor Stephens
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Enon (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Idella Caroline Smith
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Goshen (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 a. M. on the date and at the place stated above, and that personal particulars were furnished by Idella Smith Stephens (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Mabel Y. Eeles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Kansas } ss.
County of Shawnee }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Idella Smith Stephens, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elnathan Morgan Stephens (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Barbara Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Idella Smith Stephens Signature
Topeka, Kansas P. O. Address

Subscribed and sworn to before me on this 23rd day of August, 1941.
(SEAL) Bertha Trapp Notary Public, residing at Topeka, Kansas
My commission expires Sept. 23, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootnai
City of Hauser
No. ..... St.
(If born in hospital or institution give name.)

OCT 2 1941
RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

321354

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD FLORENCE ADELIA HOOPER

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth October 4, ~~193~~ 1889 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Elmer Robert Hooper	18. Full maiden name: Clara Jensen
10. Residence (usual place of abode) (If non-resident, give place and State): Hauser, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Hauser, Idaho
11. Color or race: W. | 12. Age at last birthday: 27 (years)	20. Color or race: W. | 21. Age at last birthday: 17 (years)
13. Birthplace (city or place): Bicknell (State or Country): Indiana	22. Birthplace (city or place): ..... (State or Country): Denmark
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....
16. Date (month and year) last engaged in this work: Present, 19.... | 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: Present, 19.... | 26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11:00 P.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mrs. Lena Jensen, Midwife
Address Hauser, Idaho
Filed Oct 2, 1941 Mabel T. Eeeler Registrar.

866-204-028-155

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Chelan } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Clara Hooper being first duly sworn says that she is the mother (Relationship of child)* of Florence Adelia Hooper born October 4, 1889 (Date of birth) at Hauser, Idaho, whose certificate of birth is hereto attached, and that Mrs. Clara Hooper desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Florence Adelia Hooper hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Lena Jensen ~~MXD~~ was the Midwife medical attendant at the birth of said Florence Adelia Hooper and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs Clara Hooper.
P. O. Address 5 S Delaware St

Subscribed and sworn to before me this 16 day of February, 1938

Wilma Cushman
~~Notary Public.~~
Deputy Clerk

Residing at Wenatchee, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

249-106-044-279

321567

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 1941

Washington

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Adams~~ (b) City Meadows
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Adams~~ Washington
(c) City Meadows
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? ½ yrs.
(f) Mother's mailing address Meadows, Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD James Nathan Smith

5. Date of Birth (Month, day year) October 6, 1889

6. Sex Male **7.** Twin or Triplet no. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Warren Smith
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Roseburg, (City or town) Oregon (State or foreign country)
14. Exact Occupation Housewife
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie Zora Sprague
17. Color or Race White **18.** Age at time of THIS birth 16 yrs.
19. Birthplace Bozeman, (City or town) Montana (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 9-1941 (Date received) (b) Mark H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature none M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sadie Zora Fry, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Nathan Smith (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth), who attended said birth none (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sadie Zora Fry Signature
2223 Oakes, Everett, Washington P. O. Address

Subscribed and sworn to before me on this 29 day of September, 1941
(SEAL)
Notary Public, residing at Everett, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-107 006-313

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321678
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Grey Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Grey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address 212 E 82 St Los Angeles

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Clarence Vaughn Baird

5. Date of Birth (Month, day year) Oct. 7 1889

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Baird
11. Color or Race Cacus 12. Age at time of THIS birth 31 yrs.
13. Birthplace Philadelphia (City or town) Pa. (State or foreign country)
14. Exact Occupation Rancher & Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Melvina Calkins
17. Color or Race Cacus 18. Age at time of THIS birth 21 yrs.
19. Birthplace Payson (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Caroline M. Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Caroline Melvina Calkins/Smith, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Clarence Vaughn Baird (Name of person on certificate above) as xx (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Caroline Melvina Calkins Smith
Signature
212 East 82nd Place, Los Angeles Calif.
Address

Subscribed and sworn to before me on this 7th day of October 1941

(SEAL) L. D. Troutman Notary Public, residing at Los Angeles Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 231 001 419

321894

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: Idaho St.
(d) Name ~~of Hospital or~~ Maternity Home: Mrs Robbins
(e) Mother's stay **BEFORE** delivery: Robbins Mat Home
~~In Hosp.~~ or Mat. Home 30 days.
IN **THIS** county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Falks Store
(d) Street Address or R.F.D. No.: —
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address: deceased

3. RESIDENCE of FATHER (city, state) Falks Store, Idaho

4. FULL NAME OF CHILD Nell Glen Sims

5. Date of Birth (Month, day year) Mar. 31. 1889

6. Sex Female

7. Twin or Triplet ~~Twin~~ If so—born 1st, ~~2nd~~, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chesley K. Sims
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Batavia (City or town) Iowa (State or foreign country)
14. Exact Occupation Stockraising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorinda Melvina Martin
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Watertown (City or town) Neb. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Chesley K. Sims, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nell Glen Sims (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Rube Robbins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Chesley K. Sims — Signature
Rt 3, Spokane, Wash. — P. O. Address

Subscribed and sworn to before me on this 15 day of October, 1941.
(SEAL) Thomas Corbery — Notary Public, residing at Spokane Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 212 037-419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321951
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Owyhee (b) City Near Bruneau
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ~~7~~ days.
IN **THIS** county 7 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City P.O. Bruneau
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Bruneau

3. **RESIDENCE of FATHER** (city, state) Bruneau Idaho

4. **FULL NAME OF CHILD** Edith Whitson

5. Date of Birth (Month, day year) Sept. 12, 1889

6. Sex female

7. Twin or ~~Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Tyler Whitson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Boon County, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Markham
17. Color or Race White
18. Age at time of THIS birth 33 yrs
19. Birthplace Roseburg Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at P. M. on the date and at the place stated above, and the personal particulars were furnished by Sarrah Whitson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Marvel Fe[illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Nancy Coats ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~)
and address Jerome Idaho Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Coats, being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) Edith Whitson (Name of person on certificate above) as Midwife (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me this 7th day of October 1941

(SEAL) Notary Public, residing at SANDPOINT, IDAHO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

217-101-029-365

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323003
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Joseph Baxter
5. Date of Birth (Month, day year) Sept 1st 1889
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. FULL NAME Andrew Francis Baxter
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lowell (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Josephine Theresa Connors
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace County Kerry (City or town) Ireland (State or foreign country)
20. Exact Occupation At home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 21 1941 (Date received) (b) Mabel H. Eller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Gottfried Weber, being first duly sworn, say that I am acquainted with Joseph Baxter (Name of person on certificate above) as acquaintance (State relationship or acquaintance) (Related to (or) acquainted with) Father's wedding witness whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. B. Blake (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gottfried Weber Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of Oct, 1941
(SEAL)
R. Armour Notary Public, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-129-036-695

#323197

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323197
Local Reg. No. 115
Reg. Dist. No. 541

1. **PLACE OF BIRTH**
(a) County Oneida (b) City Battle Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Willard A. Manning
5. Date of Birth (Month, day, year) Oct 29 1889
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Francis A Manning
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Heber City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Eliza Winn
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Summit Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Family Record (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Oct 5, 1941 (Date received) (b) G. W. Slates (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosella Winn, being first duly sworn, say that I am Relative (Related to (or) acquainted with) Willard A Manning (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Swann (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rosella Winn Signature
Preston R.F.D. #2 Ida P. O. Address

Subscribed and sworn to before me on this 29 day of Oct 1941

(SEAL) ____ Notary Public, residing at Preston Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-113 022-631

323637

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 10 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years 11 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) Rexburg, Ida

4. FULL NAME OF CHILD Alma Clarence Hess, Jr.

5. Date of Birth (Month, day year) March 13, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Clarence Hess
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Lumber Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Flamm
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Union } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eliza Hess, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alma Clarence Hess, Jr. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Walz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eliza Hess — Signature
Union, Oregon — P. O. Address

Subscribed and sworn to before me on this 20th day of October, 1941

(SEAL) E. J. Terrell — Notary Public, residing at Union, Oregon

My commission expires January 12th, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

698 107 010-397

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

NOV 7 1941 RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323755
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH now Gooding
(a) County Bannock (b) City Soda Spgs.
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or Maternity~~ Home: Own
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 30 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No. Box Del
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address dead

3. RESIDENCE of FATHER (city, state) dead

4. FULL NAME OF CHILD William Lee Fryar

5. Date of Birth (Month, day year) March 7, 1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Legit

FATHER OF CHILD

10. FULL NAME Isaac Fryar
11. Color or Race White **12.** Age at time of THIS birth ..... yrs.
13. Birthplace (City or town) Ripley (State or foreign country) Mississippi
14. Exact Occupation Civil Engineer
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Jennie Fryar
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace (City or town) Dumas (State or foreign country) Mississippi
20. Exact Occupation Weaver
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7
(c) Born alive and now dead 4 (d) Stillborn ~~5~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov 7 1941 (Date received) (b) Marvel T. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, George Reed Fryar, being first duly sworn, say that I am Related (Related to (or) acquainted with) William Lee Fryar (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Unknown attendant (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

George Reed Fryar Signature
2539 Court Ave., Baker, Oregon P. O. Address

Subscribed and sworn to before me on this 5th day of November, 1941.
(SEAL) My Commission Expires February 12, 1944 Lawrence M. Neault Notary Public State of Oregon
Lawrence M. Neault Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-209-025-239

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City GRangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years – month – days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address same

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Kathryn Ellen Henley

5. Date of Birth (Month, day year) 9-9-1889

6. Sex Female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard M. Henley
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Greenfield, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Strickler
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Rockville, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead – (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)
26. (a) NOV 17 1941 (Date received) (b) Maud I. Ellen (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Herbert J. Martin, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Kathryn Ellen Henley Born (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife Mrs Jarrett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Herbert J. Martin Signature
Grangeville Idaho R.F.D. Address

Subscribed and sworn to before me on this 17th day of November 1941
(SEAL) ..... Notary Public, residing at Grangeville Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-21-022-294

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323929
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 12 1941

1. PLACE OF BIRTH
(a) County (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: home
In Hosp. or Mat. Home days.
IN **THIS** county 20 years 4 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Lucinda Belle Byington

5. Date of Birth (Month, day year) Feb. 10-1889

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Elliott Byington
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cordelia Simmons
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Simmons Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn one
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Mary L. Byington (First name) (Last name), who is related to this child as aunt (Mother, etc)

26. (a) NOV 12 1941 (Date received) (b) Maud Heller (Registrar's signature)

27. Given name added on RECEIVED by (Registrar's signature)

25. Attendant's **OWN** signature Mary L. Byington M.D. (D.O., midwife, etc.)
and address Lava Hot Springs Date 11-7-41

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary L. Byington, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lucinda Belle Byington (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was attendant (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary L. Byington Signature
Lava Hot Springs Ida P. O. Address

Subscribed and sworn to before me on this 7 day of November, 1941.
(SEAL) W. L. Kasisba Notary Public, residing at Lava Hot Springs Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11-19-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 716 OD8 231

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Portland Ore.

3. RESIDENCE of FATHER (city, state) Portland Ore.

4. FULL NAME OF CHILD John Henry Schilling

5. Date of Birth (Month, day year) Dec. 16 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Schilling Sr.
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Memel (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha A. Blank
17. Color or Race German
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother etc)

26. (a) Nov 27-1941 (Date received) (b) Mark H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, JOHN H. SCHILLING, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) JOHN HENRY SCHILLING (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John H. Schilling ..... Signature
Portland Ore. ..... P. O. Address

Subscribed and sworn to before me on this 23 day of OCTOBER, 1941
(SEAL) Chas. A. Gilgore ..... Notary Public, residing at Portland, Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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17-6-1

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

195-112-006155 325148 **325148**

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham now Bonneville (b) City Eagle Rock now Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Eagle Rock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2+3 yrs.
(f) Mother's mailing address Do

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jenks Ward Arney

5. Date of Birth (Month, day year) Sept. 12 1889

6. Sex

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Elwood Arney
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Albion, Marshall Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation School Teacher, Presinct,
15. Industry or Business County & State offieial, RR Agent,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Gertrude Jenks
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Vinton, Benton Co. Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Gertrude Arney (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 4 1941 (Date received) (b) Maude L. Fleler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature L. T. Pendleton (Deceased) M.D. (D.O., Midwife, etc.)
and address Eagle Rock now Ida. Falls Date Sept. 12. 1889.

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Elwood Arney, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jenks Ward Arney (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Elwood Arney Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of December, 1941.
(SEAL) [illegible] Notary Public, residing at Boise, Idaho.
My Commission Expires April 18-1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-204-029-212

325210

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1971

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Hazel Eleanor Herington

5. Date of Birth of Child (Month, day, year) Dec. 4 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Samuel Ormendo Herington
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Jackson (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Capitola Babcock
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Hayward (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 52 years, and that W. W. Watkins (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rita Noble
Signature

721 E. Esplanade Redondo Beach
O. Address

Subscribed and sworn to before me this 27th day of November, 19 41.

(SEAL) Hertha M. Ebert Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 1 - 1941 by Muriel H. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-D1044-845

325316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325316
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Court
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Court St.
(e) How long has **MOTHER** lived in Idaho? Six yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Bertram Smith

5. Date of Birth of Child (Month, day, year) Nov 27-1889

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Frank Smith
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation County Clerk of Dist. Ct.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Hunt
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (Born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by Isadore Smith (First name) (Last name), who is related to this child as brother (Mother, etc.)

25. Attendant's **OWN** signature Joseph R. Numbers M.D. ~~Midwife~~ Address Boise Ida Date Dec 3-1941

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 4-1941 by Mabel L. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693.122-001-693

325350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325350
Local Reg. No.
Reg. Dist. No.

DEC 8 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1345 Bannock
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No. Boise Valley
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Grover Nathen Wilson

5. Date of Birth of Child (Month, day, year) June 22, 1889

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas H. Wilson
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Almira Wilson
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Eugene (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 52 years, and that Dr. Willmas M.D. (First name) (Last name), who attended this birth ..... (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Vaughn Wilson ..... Signature
1106 Washington ..... P. O. Address

Subscribed and sworn to before me this 6th day of December, 19 41
(SEAL) Claude R. Davis Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Maud F. Geiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-118-029-412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325516
Local Reg. No.
Reg. Dist. No.

DEC 8 1941

1. PLACE OF BIRTH:
(a) County Lolah (b) City Juliaetta
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 10 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lolah
(c) City Juliaetta
(d) Street Address or R.F.D. No. No
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Juliaetta
3. RESIDENCE of FATHER (city, state): Ida

4. FULL NAME OF CHILD John W. Taylor
5. Date of Birth (Month, day, year) 7-18-1889
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John W. Taylor Sr.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Mason
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace State of Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 8 1941 (Date received) (b) Maud Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Ira E. Taylor, being first duly sworn, say that I am related (Related to (or) acquainted with) John W. Taylor (Name of person on certificate above) as Bro. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ira E. Taylor Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me on this 5 day of Dec. 1941

(SEAL) John R. Phillips Notary Public, residing at Lewiston, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 189, 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses [illegible] Chapter 4, Title 37, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or of either parent or mother or the child is living or accessible, of the hospital of his or guardian, or some person having direct knowledge of the premises.

312-219-025-203

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 325736
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: xx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Id

4. FULL NAME OF CHILD Emily Janes Cash

5. Date of Birth of Child (Month, day, year) August 19, 1889

6. Sex Female

7. Twin or Triplet xx If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John C. Cash
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business xx

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Bottomley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business xx

22. Name prophylactic used to prevent Ophthalmia Neonatorum xx

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (Born alive, stillborn) at x M. on the date and at the place stated above, and that personal particulars were furnished by x (First name) (Last name), who is related to this child as x (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 52 years, and that Nora Nurse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ John C Cash Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of December, 19 41

(SEAL) W. S. Rothwell Notary Public, residing at Grangeville, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Maurice H. Geeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 106 028 281

325760

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) Idaho (1889

4. FULL NAME OF CHILD Emmett Melgrave Barnes

5. Date of Birth (Month, day year) January 6 1919

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Oliver Barnes
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) California (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maple Clare Shaner
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) DEC 11 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Francis E Patchen, being first duly sworn, say that I am sister (Related to (or) acquainted with) Emmett Melgrave Barnes (Name of person on certificate above) sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Farrell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Francis E Patchen Signature
1014 - 4th Street Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of August, 1941.
(SEAL) John W Booth Notary Public, residing at Coeur d'Alene Idaho
My commission expires 4/2/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-224-019-559

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Bay Horse Idaho Custer County
(a) County (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Etna
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Cordellia May Verdon

5. Date of Birth (Month, day year) May 24, 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Lyville Joseph Verdon
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Montreal Canada (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Alecia Verdon
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Yuba Dam California (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Natural Birth
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Dec 23 1941 (Date received) (b) Malin H Geller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie Alecia Verdon, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cordellia May Verdon (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Milledge (Name of attendant at birth), who attended said birth cannot now be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Minnie Alecia Verdon Signature
1629 Harrison ave Butte Mont. P. O. Address

Subscribed and sworn to before me on this 15th day of December 1941

(SEAL) William Meyer Notary Public, residing at Butte Montana
My Com. expires Apr 24/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-104-009-955

327346

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 17 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Douglas R. Wilson

5. Date of Birth (Month, day year) July 4 - 1889

6. Sex Male. Twin or Triplet no. If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Marcus Linsey Wilson
11. Color or Race White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Athens (City or town) Ohio (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business Retail Merchant.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claudia Jane Reed
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Perry Co. (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 6 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by ....., (First name) (Last name) who is related to this child as .....

26. (a) DEC 17 1941 (Date received) (b) Mabel H. Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

~~25.~~ Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Arizona
County of Maricopa } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Etta Prichard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Douglas R. Wilson (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Woodruff (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Etta Prichard Signature
R.#1 Box 449A Tempe Arizona P. O. Address

Subscribed and sworn to before me on this 12 day of December, 1941.
(SEAL) Notary Public, residing at Tempe Arizona
My Commission Expires May 6, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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431 131 040-168

327521

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. IN THIS county 0 years 9 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 9 mo. ~~yrs.~~
(f) Mother's mailing address Wardner Idaho

3. RESIDENCE of FATHER (city, state) Wardner Idaho

4. FULL NAME OF CHILD Shirley McAndrew

5. Date of Birth (Month, day, year) Apr 30 1889

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Aeneas McAndrew	16. FULL MAIDEN NAME Adelaide Howard Johnston
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 33 yrs.	18. Age at time of THIS birth 22 yrs.
13. Birthplace New York (City or town) New York (State or foreign country)	19. Birthplace Gloucester (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Assayer	20. Exact Occupation house wife
15. Industry or Business Colorado Smelter Co	21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Adelaide McAndrew (First name) (Last name), who is related to this child as Mother (Mother, etc.)

DEC 26 1941

26. (a) DEC 26 1941 (Date received) (b) Mabel H Gee (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

~~25.~~ Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Ventura } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Adelaide McAndrew, being first duly sworn, say that I am related (Related to (or) acquainted with) Shirley McAndrew (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Adelaide Howard McAndrew Signature
Ojai California P. O. Address

Subscribed and sworn to before me on this 19th day of December, 1941

(SEAL) William J Burke Notary Public, residing at Ojai California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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36/-106-014-251

327655

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 23 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Washo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 1 years 6 month no days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Washo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Washo, Idaho

3. RESIDENCE of FATHER (city, state) Washo, Ida

4. FULL NAME OF CHILD FRANCIS CARL COATES

5. Date of Birth (Month, day year) 10/6/'89

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Harvey Coates
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace ? (City or town) Wisconsin, U.S. (State or foreign country)
14. Exact Occupation mill worker
15. Industry or Business sawmill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Mary Knapp
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace ? (City or town) Illinois, U.S. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn no
24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by A.S. Coates (First name) (Last name), who is related to this child as Uncle (Mother, etc)
26. (a) DEC 23 1941 (Date received) (b) Mary H. Keller (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature (deceased) M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, A. S. Coates, being first duly sworn, say that I am an uncle of (Related to (or) acquainted with) Francis Carl Coates (Name of person on certificate above) as brother of his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor unknown (Name of attendant at birth), who attended said birth is now deceased (was (Is now deceased (or) cannot be located) an old man at time) and that this birth **has not been previously recorded.**

A. S. Coates Signature
1925 3rd Ave. West
Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 17 day of Dec 1941.
(SEAL) [signature] Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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312-119-025-855

327685

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO DEC 29 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho Born 12 yrs.
(f) Mother's mailing address Grangeville Idaho

3. RESIDENCE of FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Alvin Henry Castle

5. Date of Birth (Month, day year) Nov. 19, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Levi Castle
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Belle Henley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Neosho (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Levi (First name) Castle (Last name), who is related to this child as father (Mother, etc.)
26. (a) DEC 29 1941 (Date received) (b) Mabel L. Geller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature XXXX M.D. (D.O., Midwife, etc.) and address Date

State of IDAHO
County of IDAHO } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Levi Castle, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Alvin Henry Castle (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. S. E. BIBBY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Levi Castle — Signature
Grangeville, Idaho — P. O. Address

Subscribed and sworn to before me on this 27 day of December 1941

(SEAL) M. J. Mince — Notary Public, residing at Grangeville, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 6 1942

328052

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Lago, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home Midwife.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county Life years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Utah. (b) County S. L. Co.
(c) City Salt Lake City, Utah.
(d) Street Address or R.F.D. No. suburb
(e) How long has MOTHER lived in Idaho? 70 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Lago, Ida

4. FULL NAME OF CHILD Ross Bennett Fowler.

5. Date of Birth (Month, day, year) Oct. 16. 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd One.

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James Fowler.
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Swansea Wales, England (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Life.

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Mariah Bennett
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Sandy, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Life.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn One.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Anna Mariah Fowler. (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's OWN signature Anna Mariah Fowler M.D. (D.O., Midwife, etc.) and address Inkom, Idaho. Date

26. (a) JAN 6 1942 (Date received) (b) Mabel H. Geddes (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of Bannock. Idaho. County of Bannock. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Mariah Fowler., being first duly sworn, say that I am his Mother. (Related to (or) acquainted with) Ross Bennett Fowler. Mother (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nancy Gibbs. Deceased. (Name of attendant at birth) who attended said birth Deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Mariah Fowler Signature

Inkom, Idaho. P. O. Address

Subscribed and sworn to before me on this 31 day of Dec. 1941

(SEAL) Albert Grimes Notary Public, residing at Pocatello, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon, in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893 114 0414 367

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328153
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) ~~City~~ Mann's Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) ~~City~~ Mann's Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Amos Frank Hitt

5. Date of Birth (Month, day year) 8-14-1889

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate ~~xxx~~ yes

FATHER OF CHILD

10. **FULL NAME** Amos F. Hitt
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ~~xx~~ Ida Jeannette Logan
17. Color or Race white
18. Age at time of THIS birth ..... yrs.
19. Birthplace Omaha (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) Jan 9-1942 (Date received) (b) Mabel Hedges (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Louella Poteet, being first duly sworn, say that I am related to (Related to (or) acquainted with) Amos Frank Hitt (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Retta Gilderoy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louella Poteet — Signature
Banner, Ida. — P. O. Address

Subscribed and sworn to before me on this 9th day of January, 1942.
(SEAL) [signature] Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 9 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328388
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rock Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. 4 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Rockcreek - Ida.

4. FULL NAME OF CHILD Carl Henry Brose

5. Date of Birth of Child (Month, day, year) Sept. 26-1889

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul John Brose
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Cottbus (City or town) Germany (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business U. Pac R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Pauline Lehnigk
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Altdobern (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ~~Carl Henry Brose~~ M.D. Midwife Address Date

State of Kansas
County of Wyandotte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 52 years, and that ..... (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Pauline Brose Signature
210 So. 4th St. - Kansas City - Ks. P. O. Address

My comm. Exp. May 26th - 1945.

Subscribed and sworn to before me this 7th day of January, 1942.
(SEAL) Clara L. Werbe Notary Public, residing at Kansas City - Kansas.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Marvel H. Geller, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 206-047-619

328524

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 195
Reg. Dist. No. 410

1. PLACE OF BIRTH
(a) County ~~Alturas or Blaine~~ Logan (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Alturas~~ Logan
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Bellevue, Idaho

3. RESIDENCE of FATHER Bellevue, Idaho

4. FULL NAME OF CHILD Edna Elmira Larsen

5. Date of Birth (Month, day year) 10-6-1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Neils Christian Larsen
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Skove (City or town) Denmark (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Warmington
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Dutch Flat (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO3
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Maud Larsen (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) 12-19-1941 (Date received) (b) Robert H. Wright (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud Larsen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edna Elmira Larsen (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Maud Larsen Signature
Bellevue Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of January 1941.
(SEAL) Conway Gillespie Notary Public, residing at Bellevue, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328603

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328603
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 206 W. Jefferson St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 206 W. Jefferson
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 206 W. Jeff. St.

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Samuel James Atkinson

5. Date of Birth (Month, day year) August 21, 1889

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Atkinson
11. Color or Race White **12.** Age at time of THIS birth 53 yrs.
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith Shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Jane Spence
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan 17-1942 (Date received) (b) Mallie H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho, County of Ada. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Julia A. Adelmann, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Samuel James Atkinson (Name of person on certificate above) as neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. DuBois (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Julia A. Adelmann Signature
221 W. Jefferson St., Boise, Idaho. P. O. Address

Subscribed and sworn to before me on this 12th day of January, 1942
(SEAL) W. P. Neilley Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-121 001893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328669
Local Reg. No. 1
Reg. Dist. No. 1

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 years ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Star, Idaho

4. FULL NAME OF CHILD Hugh Owen Lawrence

5. Date of Birth of Child (Month, day, year) Jan. 21, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8½

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Armstrong Lawrence
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Hill
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Metropolis, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maud Hill Lawrence (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that Mrs. Susan Fouch (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Hill Lawrence Signature
Route 5, Boise Idaho P. O. Address

Subscribed and sworn to before me this 12 day of January, 19 42

(SEAL) Angella J. Bach Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Maud E. Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547-129-006-986

330349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route #3
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Route #3
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Alva Marcellus Empey
5. Date of Birth of Child (Month, day, year) April 29, 1889
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD
10. FULL NAME Ephraim Shadrich Empey
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bedfordshire, England (City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Ann Rhodes
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 52yr. 9mo. years, and that Mrs. Stevens (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Rhodes Empey Signature
Iona Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 21 day of January, 1942
(SEAL) Nancy Cromer Notary Public, residing at Iona Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Maurel H. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-213-044-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 930648
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 4 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Salubria, Ida.

4. FULL NAME OF CHILD Margaret May Hannan

5. Date of Birth of Child (Month, day, year) Aug. 13, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Vanburen Hannan
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stockton, California (City or town) (State or foreign country)
14. Exact Occupation Saloon keeper
15. Industry or Business Saloon

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Catherine Babb
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Osage County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that Mrs. Lorton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy C Hannan ..... Signature
422 S First St Silverton, Ore. ..... P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) J. E. Hosmer ..... Notary Public, residing at Silverton, Ore.
My Commission Expires June 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-122-015-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Juliaetta
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years – months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Juliaetta
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Idaho

4. FULL NAME OF CHILD Harry Richard Hechtner

5. Date of Birth of Child (Month, day, year) 6-22-1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Hechtner
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Margaret King
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace (City or town) Silex, Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for Since birth (52 years) years, and that Mrs. Thomas Coats (First name) (Midwife) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred W. Hechtner ..... Signature

Lapwai, Idaho ..... P. O. Address

Subscribed and sworn to before me this 16 day of January, 1942

(SEAL) ..... Notary Public, residing at Lapwai, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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HS 225030-943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331174
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) SALMON IDA.

4. FULL NAME OF CHILD Emma Elizabeth Dunlop

5. Date of Birth of Child (Month, day, year) NOV 25 1889

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROBERT DUNLAP
11. Color or Race WHITE
12. Age at time of THIS birth 52 yrs.
13. Birthplace NEW YORK (City or town) N. Y. (State or foreign country)
14. Exact Occupation JEWELER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE RUTAH
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that Dont know (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M O Smith Signature

Salmon, Idaho. P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942.

(SEAL) W Wilkinson Clerk of the Dist. Court, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel Hebler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-103004-229

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bear Lake (b) City: Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bear Lake
(c) City: Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD: Hyrum Dewey Jewett

5. Date of Birth of Child (Month, day, year): June 3, 1898

6. Sex: Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME:** John S. Jewett
11. Color or Race: white
12. Age at time of THIS birth: 34 yrs.
13. Birthplace: Dorchester (City or town) England (State or foreign country)
14. Exact Occupation: Railroading
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Sarah Jane Skinner ~~Jewett~~
17. Color or Race: white
18. Age at time of THIS birth: 22 yrs.
19. Birthplace: Providence (City or town) Utah (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Dr. E. F. Guyon

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Dr. E. F. Guyon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John J. Jewett — Signature
Montpelier, Ida. — P. O. Address

Subscribed and sworn to before me this 27 day of January, 19 42.
(SEAL) Albert E. Lengel Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-122-088-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331632
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Vanwyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: neither-- At home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Vanwyck
(d) Street Address or R.F.D. No. 1888
(e) How long has **MOTHER** lived in Idaho? since/18 yrs.

3. RESIDENCE OF FATHER (city, state) same, now

4. FULL NAME OF CHILD Joseph Robert White

5. Date of Birth of Child (Month, day, year) January 22, 1891

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Shallum Paton White
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Margret Haines
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Vernon County, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Margret Haines Christy Signature
McCall, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of January, 1942

(SEAL) M. O. Boydston Notary Public, residing at McCall, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel E Keeper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-709 025 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331708
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City GRANGEVILLE
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home~~:
AT FARM HOME
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City GRANGEVILLE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. RESIDENCE OF FATHER (city, state) SAME AS ABOVE

4. FULL NAME OF CHILD KEITH OSCAR FENN

5. Date of Birth of Child (Month, day, year) 12-9-1889

6. Sex MALE

7. ~~Twin~~ or Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YESS

FATHER OF CHILD

10. **FULL NAME** GEORGE G. FENN
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace NEVADA CITY (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARRIE M. HOLBROOK
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace NEAR ROSEBURG (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that DR. S. E. BIBBY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy H Hanson
Signature
14th & Chestnut Clarkston Wash.
P. O. Address

Subscribed and sworn to before me this 29 day of Jan, 1942

(SEAL) [illegible] Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel Hetzler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-226 047962 331964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. **331964**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Logan (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Logan
(c) City Shoshone
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

4. FULL NAME OF CHILD Lillian Belle Sanderson

5. Date of Birth of Child (Month, day, year) 10-26-1889

6. Sex female **7.** Twin or — Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milo Sanderson
11. Color or Race White **12.** Age at time of THIS birth nearly 35 yrs.
13. Birthplace Spencerville (City or town) Indiana (State or foreign country)
14. Exact Occupation County Surveyor
15. Industry or Business Civil Engineer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Katherine Roberts
17. Color or Race White **18.** Age at time of THIS birth nearly 25 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the blood Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 52 years, and that Mrs. (First name) O'Connor (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Warner Wesley Roberts Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 12th day of Feby, 1942

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho
My Commission expires Oct 13 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-228040243

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332013
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Wardner, Idaho

3. RESIDENCE of FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD Anna Marie Cronin

5. Date of Birth (Month, day year) Feb. 28, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jeremiah Dennis Cronin
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kerry (City or town) Ireland (State or foreign country)
14. Exact Occupation Hotel keeper
15. Industry or Business Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Agnes Buckley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Grass Valley, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 3 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Julia Cronin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anna Marie Cronin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Haney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Julia Cronin — Signature
436 S. Main St. — P. O. Address

Subscribed and sworn to before me on this 31st day of January, 1942

(SEAL) Notary Public, residing at Butte Mont

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-222028-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Kootenai FEB 2 1942

State File No. 332092
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bonner~~ (b) City
(c) Street Address or R.F.D. No. Sandpoint
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bonner~~
(c) City Kootenai
(d) Street Address or R.F.D. No. Sandpoint
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) same asabove

4. FULL NAME OF CHILD Grace Inez Nelson

5. Date of Birth of Child (Month, day, year) Nov. 22, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Nelson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Belle Long
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Nashville Tenn. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Dalia (First name) Long (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Emma B. Nelson ..... Signature

1217 Orange St., Redlands, California ..... P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.

(SEAL) Mary Allen ..... Notary Public residing at City Hall, Redlands, Calif.

My Commission Expires June 1, 1944 — My Commission Expires June 1, 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mary Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649-104-045-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) ~~County~~ Latah (b) City Idaho
(c) Street Address or R.F.D. No. Home Post Office
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: Home
(e) Mother's stay **BEFORE** delivery: Born in Plattsburg N.Y.
IN **THIS** county 39 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) ~~County~~ Alturas
(c) ~~City~~ Little Lost River
(d) Street Address or R.F.D. No. Home P.O.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD George Furrow

5. Date of Birth of Child (Month, day, year) July 4, 1889

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 6th born 8. No. months of Pregnacy normal 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Zachary Taylor Furrow
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Ottawa (City or town), Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Eliza Hackett
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Plattsburg (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3 dead yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the oldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 67 years, and that midwife (forgotten name) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida M. Shipp Signature
817 - Hiawatha Place, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942
(SEAL) Madge A. Richard Notary Public, residing at 510-12th Ave.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Seattle, Washington

Received for filing on FEB 5 1942 by Mary H. Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-121-006-943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332365
Local Reg. No.
Reg. Dist. No.

FEB 6 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Bingham~~ (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Bingham~~
(c) City Soda Springs Bingham
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mike Joseph Persinger

5. Date of Birth of Child (Month, day, year) 1889, 21st Dec.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Persinger
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Munich (City or town) Germany (State or foreign country)
14. Exact Occupation Section Foreman on Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Rutherman
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Munchen (City or town) Germany (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FRIEND (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 48 years, and that Mrs. Call (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(MIKE HUIRAS) → Mike Huiras Signature

R#1, Canby P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 42

(SEAL) Rich Pace County Clerk ~~Notary Public~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-102-0844-331

United States
Department of Commerce
Bureau of the Census Washington

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 333017
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home, 11 miles North of Meadows
(e) Mother's stay **BEFORE** delivery IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City 11 miles north of Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Enoch Edward Irwin

5. Date of Birth of Child (Month, day, year) 8-2-1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Enoch Irwin
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Ranching, Contracting, Labor,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ittle Florence (Clay) Irwin
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Cherryvale (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears [illegible] 72 years of age, that I have known this person for 53 years, and that [illegible] (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that [illegible] are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 155, 1937 Session Laws.

E M Lelay — Signature
Riggins IDAHO — P. O. Address

Subscribed and sworn to before me this 3 day of February, 1942.
(SEAL) John H. Clay, Notary Public, residing at Riggins Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mary E. Lefler, Registrar.

Only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 120, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1921 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the manner and upon statutes for the proper registration prescribed in Chapter 1, Vol. 2A, Michie Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 226 006313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 333246
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Ten Mile Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ten Mile Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Vella Winschell

5. Date of Birth of Child (Month, day, year) Oct 26-1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Winschell
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Terre Haute (City or town) Indiana (State or foreign country)
14. Exact Occupation Rancher + Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Cates
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Salem (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for ..... years, and that Bertha Christofferson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Winschell Signature
Georgetown, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of January, 1942
(SEAL) Chas E Harris Notary Public, residing at Montpelier Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 205028 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. 334230
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Rosine Hazle Mitchell

5. Date of Birth of Child (Month, day, year) March 5 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Mitchell
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace New York City (City or town) N.Y. (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Agnes Williamson
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Steamboat Rock (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 52 years, and that Sarah (First name) Ford (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flora A. Mitchell Signature
#408 - Monroe apts. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942
(SEAL) [illegible] Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 109 029 699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334537
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City Moscow
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HENRY HARRISON CAMPBELL

5. Date of Birth of Child (Month, day, year) Nov. 9. 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME THOMAS ARCHIE Campbell
11. Color or Race WHITE **12.** Age at time of THIS birth 35 yrs.
13. Birthplace GREENVILLE (City or town) TENN. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha J. Wright ~~Campbell~~
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Slater Saline Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 52 years, and that Dr. Watkins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Frank Green) [illegible] Signature
Troy Idaho P.O. Address

Subscribed and sworn to before me this 19 day of February, 1942.
(SEAL) [illegible] Notary Public, residing at Troy Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-127035-569 334604

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No. 334604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Pierce (b) City Cameron, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county five years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Pierce
(c) City Cameron
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Cameron, Idaho

4. FULL NAME OF CHILD Cyrus King

5. Date of Birth of Child (Month, day, year) March 27, 1889

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Douglas King
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pontiac (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna L. Ewing
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace State of Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 52 years, and that Eliza A. King (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie E. King Mitchell Signature
518 East Rowan Avenue, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942
(SEAL) Burton J. Onslow Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Maurel F. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 720 010-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334926
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho.

4. FULL NAME OF CHILD Robert Stanley Steele

5. Date of Birth of Child (Month, day, year) Oct. 20, 1889

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd none **8.** No. months of Pregnacy 9 mos **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Ephraim Steele
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Manchester, England (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Elvira Crompton
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Little Cottonwood, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife,

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 52 years, and that Mrs. Stevens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elvira Steele Signature
410 H Street, Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42
(SEAL) Tom L. Blum Notary Public, residing at Idaho Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-207-001-319 MAR 9 1942 335101

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335101
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: 413 Grove St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 11 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: 413 Grove Boise
(e) How long has **MOTHER** lived in Idaho? XX yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Emily Wood

5. Date of Birth of Child (Month, day, year) June 7, 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fremont Wood
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Winthrop (City or town) Maine (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ~~Cartee~~ Carrie Cartee
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 52 3/4 years, and that George Collesler M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie T. Wood Signature
413 Grove St Boise Ida P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942
(SEAL) Len L. Dumpson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary F. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

633 117 045-514 335104

335104

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Joponis now Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Joponis, now Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wilbert Harvey Otterson

5. Date of Birth of Child (Month, day, year) May 17th 1889

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Harvey Otterson
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Mayfield (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Louise Vader
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Atkinson (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Elmore ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 52 years, and that Mrs N. R. Woodworth (First name) (Last name), who attended this birth as now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Vader Otterson Signature
Willows California P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942

(SEAL) K. M. Simpson Notary Public, residing at Willows, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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981-218-047-265

335383

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335383

Local Reg. No.

Reg. Dist. No.

MAR 10 1942

1. PLACE OF BIRTH
(a) County Logan (b) City Crighton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county years 10 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Logan
(c) City Crighton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 Mos.
(f) Mother's mailing address Crighton, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mary Ryan

5. Date of Birth (Month, day year) May 18, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ryan
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Miner and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sweeney
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc)

26. (a) MAR 10 1942 (Date received) (b) Mary F Eddy (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Helen M Housman being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Mary Ryan (now Mary Ryan Bishop) (Name of person on certificate above) as a neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wheeler (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Helen M Housman Signature

P. O. Address

Subscribed and sworn to before me on this 25 day of February 1942

(SEAL) Bn Wheeler Notary Public, residing at Caldwell Ida

Com exp Oct 11. 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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CITY OF BIRTH IS CRICHTON

DELAYED

194-207-045133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (Blaine) (b) City Broadford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City (now Blaine County) Broadford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ritta Gertrude Armstrong

5. Date of Birth of Child (Month, day, year) June 7, 1889

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy normal Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Armstrong
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace State of New York (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Charlotte Allred
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Manison Utah (City or town) (State or foreign country)
20. Exact Occupation wife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 52 years, and that Dr. W. D. Wheeler (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Zussman Signature

Bellevue Idaho P. O. Address

Subscribed and sworn to before me this 17 day of December, 19 41

(SEAL) [illegible] Notary Public, residing at Ritzville Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356-12-004-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335551
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Benington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Leroy Lewis

5. Date of Birth of Child (Month, day, year) 10/12/1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benj Elliot Lewis
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Contracter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Eliza Williams
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Oxford Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Fannie Lewis (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, ~~say that I am the~~ Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 53 years, and that Mrs. Bridges (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Eliza Williams Perkins Signature

1143 West 1st North St. Logan, Utah P. O. Address

Subscribed and sworn to before me this 18 day of February, 19 42

(SEAL) Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mabel P. Gelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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717-113-035-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Genesee
(c) Street Address or R.F.D. No. R.F.D. #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Genesee
(d) Street Address or R.F.D. No. R.F.D. #3
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ernest Whipple Gage

5. Date of Birth of Child (Month, day, year) Aug. 13, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Gage
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Gardner (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Maria Sampson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Willamette Valley (City or town), Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the no relation (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 52 years, and that Dr. Conant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

x [signature] Signature

10th and Highland, Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 28th day of February, 19 42

(SEAL) Bert C. Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

B 966-215-006-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No. 335779
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. ------
(d) Name of Hospital or Maternity Home: At home of Edward Watson
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida.

4. FULL NAME OF CHILD Sarah Ella Rowley

5. Date of Birth of Child (Month, day, year) 3/15/1889

6. Sex Female

7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnacy full term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Rowley
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Worselstaford Shire England (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Hammond
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ------

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 91 years of age, that I have known this person for 53 years, and that Dr. J. W. Givens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wally Rowley Signature
Oroville, Washington P. O. Address

Subscribed and sworn to before me this 4th day of February, 19 42.
(SEAL) John Hancock Notary Public, residing at Oroville, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mina I Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-128 004 231

336233

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 7 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Georgetown

4. FULL NAME OF CHILD Chancey Christiansen

5. Date of Birth of Child (Month, day, year) March 28, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Peter Christiansen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Gjerlev Sorø Co. Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rozetta Lily Black
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 48 years, and that Mary (First name) Black (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ambrose Black Signature

Georgetown, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of Feb, 1942

(SEAL) Lei Acaus Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mark Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-213 025 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336427
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City Cottonwood, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county 8 years 6 months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City COTTONWOOD
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) COTTONWOOD IDA

4. FULL NAME OF CHILD Laura Bee Lyons

5. Date of Birth of Child (Month, day, year) Nov 13-1889

6. Sex FEMALE **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME IVAN D. LYONS
11. Color or Race WHITE **12.** Age at time of THIS birth 52 yrs.
13. Birthplace LANCASTE (City or town) PENN (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME JOSEPHENE WOODS
17. Color or Race WHITE **18.** Age at time of THIS birth 33 yrs.
19. Birthplace OSAGE (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSE KEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by MYRTLE TIPTON (First name) (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's OWN signature DECEASED M.D. DECEASED Midwife Address ✓ Date ✓

State of IDAHO
County of IDAHO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 52 years, and that DR. TURNER (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle M. Tipton ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942
(SEAL) John W. Clay Notary Public, residing at Priggins Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin. No charge for filing.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367 US 035-795

336448

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Juletta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Juletta
(d) Street Address or R.F.D. No. Mother died May, 8, 1934
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Juletta

4. FULL NAME OF CHILD Roy Loper

5. Date of Birth of Child (Month, day, year) Oct. 15, 1889

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Thomas Loper
11. Color or Race white 12. Age at time of THIS birth 20 yrs.
13. Birthplace Bloomfield, Benton County, Ark. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Green
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 52 years, and that Dr. ? Price (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James T. Loper Signature

4044 Shasta Way, Klamath Falls, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942.

(SEAL) W. Lamar Dunnscud Notary Public, residing at Klamath Falls, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mabel Heelen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.: unknown.
(d) Name of Hospital or Maternity Home: Home Residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days: home.

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Ida (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.: unknown.
(e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD William Morrison Shipp

5. Date of Birth of Child (Month, day, year) Dec29-1889.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm Joseph Shipp
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation: Carpenter Builder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Jane Caldwell
17. Color or Race: White
18. Age at time of THIS birth: 27 yrs.
19. Birthplace: Illinois (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: ------

23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 53 years, and that ..... (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Gertrude Shipp Klood, Signature
81 Riverside Box 448 P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942.

(SEAL) Marguerite Stacy Notary Public, residing at Alhambra California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 22, 1944

Received for filing on MAR 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-202025-319

MAR 10 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 336500
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City Near GRANGEVILLE
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City Near GRANGEVILLE
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Grangeville, Idaho

3. RESIDENCE of FATHER (city, state) GRANGEVILLE, IDAHO

4. FULL NAME OF CHILD CASSIE MAY CORAM

5. Date of Birth (Month, day year) July 2, 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN CORAM
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Bristol, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY CATHERINE CARRUTHERS
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Belmont, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of IDAHO } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, MAUDE V. AYERS, being first duly sworn, say that I am related to (Related to (or) acquainted with) CASSIE MAY CORAM (Name of person on certificate above) as eldest sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bibby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maude V. Ayers
Signature

Grangeville, Idaho
P. O. Address

Subscribed and sworn to before me on this 7th day of March 9, 1942.
(SEAL)

Notary Public, residing at Grangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-217 036-132

336559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336559
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cuesta (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary C Peterson

5. Date of Birth of Child (Month, day, year) Sept. 17, 1884

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles F Peterson
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) Norway (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah E Allison
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the family Physician (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 40 years, and that Mrs. Hawkes (First name) (Last name), who attended this birth is no deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. H. Cutler M.D. Signature
P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942
(SEAL) Notary Public, residing at Preston Idaho
(Note: Rerjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary E Eddie, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-226 029-569

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 16 1942

State File No. 336614
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Palouse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Naomi Alice Erickson

5. Date of Birth (Month, day year) October 26th 1889

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** P.Hans Erickson
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Norman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Minnesota
County of Isanti } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Erickson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Naomi Alice Erickson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Anna Erickson Signature
Grandy Minn P. O. Address

Subscribed and sworn to before me on this 12th day of January, 1942
(SEAL) O. Nelson Notary Public, residing at Grandy Minn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 124 004 769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336625
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Arthur Earl Hanak

5. Date of Birth of Child (Month, day, year) 2-24-1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hanak
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Folsom (City or town) California (State or foreign country)
14. Exact Occupation Cafe Operator
15. Industry or Business Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Gordan
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lowmhead (City or town) Scotland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No way to determine

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Annie G. Hanak (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Mr. John H Moon (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie G. Hanak Signature
119 West Roy St. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 28th day of January, 19 42
(SEAL) Hazel D. Chase Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. Jany 2nd 1945

Received for filing on MAR 17 1942 by Maud Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215 207 002432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336860
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Indian Valley
(c) Street Address or R.F.D. No. P.O.
(d) Name of Hospital or Maternity Home: Home Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Indian Valley
(d) Street Address or R.F.D. No. P.O.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Nellie Cecilia Kane

5. Date of Birth of Child (Month, day, year) July 7, 1889

6. Sex F **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Kane
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace Dublin (City or town) Ireland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Mc Kay
17. Color or Race White **18.** Age at time of THIS birth 46 yrs.
19. Birthplace Bowles (City or town) Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.) also known as Johanna Kane Gross

25. Attendant's **OWN** signature Mrs William Kane Gross M.D. Midwife Address Indian Valley Date July 7. 1889

State of California
County of San Mateo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for ~~[illegible]~~ 53 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Kane Gross Signature
272 Elwood, Redwood City, California P.O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.

(SEAL) John P. Peters Notary Public, residing at Redwood City, San Mateo County, Calif.
My Commission Expires Oct. 21, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-213-2-43-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338371
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Meadow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Meadow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martha Margaret Branner

5. Date of Birth of Child (Month, day, year) June 13 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Albert Watkins Branner
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Knoxville, Tenn (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lalia Louise White
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Boston (City or town) Mass (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all of her life years, and that Dr or attendant (First name) (Last name), who attended this birth was unknown to me (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie White Lewander Signature
Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942
(SEAL) Leah Cedarholm Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-24-225-464

338503

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City near Harpster
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Her home on farm near Harpster
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Harpster
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ila Hannah Goodwin

5. Date of Birth of Child (Month, day, year) August 14 1889

6. Sex female

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Abner Goodwin
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Illinois (City or town) USA (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vernetta Bell Douglas
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Fort Lione (City or town) Colorado USA (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 53 years, and that Julia Sweridge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Knox nee Goodwin Signature
Greenfield Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942.

(SEAL) Phil Steinguber Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-904, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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755-218-004-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338529
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 11 years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Genevieve Gee

5. Date of Birth of Child (Month, day, year) 8-18-1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert William Gee
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Lincolnshire, England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Groo
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Cruickshanks Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 1942
(SEAL) Chas E Davis Notary Public, residing at Montpelier Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary H. Lefler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-116 · 020-168

338558

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Mt Home

4. FULL NAME OF CHILD George Henry Johnson

5. Date of Birth of Child (Month, day, year) Aug. 16, 1889

6. Sex Male

7. Twin or Triplet XNO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Meyer Johnson
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Jamaica (City or town) New York (State or foreign country)
14. Exact Occupation Wool Buyer
15. Industry or Business Sheep.

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Loraine Johnson
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Grass Valley (City or town) Calif. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 53 years, and that Dr. Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C E Johnson
Signature

Winnemucca Nevada
P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942.

(SEAL) Ma Hoffman Notary Public, residing at Winnemucca Nevada

My Commission Expires September 27th 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary Hedger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-128-022-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338640
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Lewisville
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ....days.
In **THIS** county ....years ....months ....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frank Alvin Taylor
5. Date of Birth (Month, day, year) May 28, 1889
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Taylor
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Elizabeth Marler
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Huntsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 10
(c) Born alive and now dead 2 (d) Stillborn 1.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) MAR 25 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN signature** ....M.D. or ....(D.O., Midwife, etc.)
and address Date

State of ....
County of ....
ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Taylor, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Alvin Taylor (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandma Fox (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Albert Taylor ....Name
112 E Plymouth St., Long Beach, Calif. P.O. Address

Subscribed and sworn to before me this 4th day of March 1942

(SEAL) [signature] Notary Public, residing at Long Beach, Cal.
My Commission Expires June 10th, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-112-029-684

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338657
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy,
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy, Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Ida

4. FULL NAME OF CHILD CHARLES LUDWIG FRANTZICH

5. Date of Birth of Child (Month, day, year) April 12 1889

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CLAUS OTTO FRANTZICH
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMERS
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIE OHMAN
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 53 years, and that Elizabeth Ohman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin A. Frantzich Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942
(SEAL) [signature] Notary Public, residing at Troy, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by [signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-221-044-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338996
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Ranch near City
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. Ranch
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Elva Lorena Gray

5. Date of Birth of Child (Month, day, year) Jan. 21, 1889.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd #

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Knox Polk Gray
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Peoria, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarissa Eliz. Brassfield
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Schyler Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 52 years, and that Mrs. Eliza Shaw (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mother Clarissa Eliza Brassfield Gray Signature
611 East Main Street, Weiser, Ida. P. O. Address

Subscribed and sworn to before me this 13 day of January, 19 42

(SEAL) Joe I. Gallagher Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mary H. Gallagher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-120-029.242

United States
Department of Commerce
Bureau of the Census

FEB 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339074
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Moscow, Idaho
(c) Street Address or R.F.D. No.: No. Jackson St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: Moscow, Idaho
(d) Street Address or R.F.D. No.: No. Jackson St
(e) How long has **MOTHER** lived in Idaho? ... yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Charles Edward Worthington

5. Date of Birth of Child (Month, day, year) June 20, 1889

6. Sex: male

7. Twin or Triplet: no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dr Charles Edward Worthington
11. Color or Race: white
12. Age at time of THIS birth: 40 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation: physician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sally Busey
17. Color or Race: white
18. Age at time of THIS birth: 38 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 2nd (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 53 years, and that the doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Homer Davis — Signature
Moscow Idaho — P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942
(SEAL) HARRY A. THATCHER, Ex-officio Auditor and Recorder ~~Notary Public~~, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Rose E. Rawson Deputy.

Received for filing on FEB 2 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-106-035-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339077
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Morotown
(c) Street Address or R.F.D. No. c.r.
(d) Name of Hospital or Maternity Home:
born in father's homestead home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Morotown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Henry Columbus Brown

5. Date of Birth of Child (Month, day, year) Mar. 6, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Brown
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Greenville, Tennessee (City or town) (State or foreign country)
14. Exact Occupation stock raiser & farmer
15. Industry or Business Stock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Hald
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Near Mitchell, Wasco Co. (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Hood River } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Mrs. (First name) Scott (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M Hull — Signature
R. #2, Box 8, Hood River, — P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942 Oregon
(SEAL) N. D. Hammond — Notary Public, residing at Hood River, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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863-223-014-295

339202

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ✓ years ✓ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon Co
(c) City Payette
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Etta Holland

5. Date of Birth of Child (Month, day, year) February 23, 1889

6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ 8. No. months of Pregnacy ✓ 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Holland
11. Color or Race White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Lonneva, Missouri (City or town) (State or foreign country)
14. Exact Occupation Wagon-maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theodosia Bivens
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Leavenworth, Kansas (City or town) (State or foreign country)
20. Exact Occupation Home-maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of ALAMEDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 52 years, and that Do not know (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida Helen Fraser Signature
2700-79 Ave Oakland Cal. P. O. Address

Subscribed and sworn to before me this 14TH day of MARCH, 1942

(SEAL) [illegible] Notary Public, residing at OAKLAND, CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-201-006-613

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339244
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Gentile Valley
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity Home:~~ Midwife attended at Farm Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Gentile Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Gentile Valley

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Minnie Coryell

5. Date of Birth (Month, day year) 1-1-1889

6. Sex female **7.** Twin or Triplet — If so, born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Green Bently Coryell
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Clark Co. Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Isabel Walker
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace La Plata Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead \ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 31 1947 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose M. Barrett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Minnie Coryell (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Beatty (Name of attendant at birth), who attended said birth deceased (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose M. Barrett Signature
Algoma Oregon P. O. Address

Subscribed and sworn to before me on this 29th day of November 19 47

(SEAL) Lauretta Stone Notary Public, residing at Klamath Falls
My Commission Expires 1-5-45 Ore.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

39b-118-DOK-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339247
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Fish Haven, Idaho

4. FULL NAME OF CHILD HYRUM CROOK

5. Date of Birth of Child (Month, day, year) Jan. 18, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME SAMUEL ORSON CROOK
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY WINTERBOTTOM
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WYOMING
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 53 years, and that Martha Shirley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Crook Signature
Afton, Wyoming P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942
(SEAL) My Com. expires 10/6/44 O. R. Baldwin Notary Public, residing at Afton, Wyoming
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-131-029343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339261
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Near Palouse, Wn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co. Ida

4. FULL NAME OF CHILD Roy Sanford Smith

5. Date of Birth of Child (Month, day, year) July 31 1889

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilbert Freemont Smith
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Grandrapids, Minn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Lucas
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Sidney, Iowa, Freemont Co (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father & Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 & 74 years of age, that I have known this person for 54 years, and that Attendent is dead (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilbert F. Smith Signature
Ruth her mark Smith P. O. Address

Subscribed and sworn to before me this 25th day of March, 19 42
(SEAL) Notary Public, residing at Palouse, wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Mabel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-226-021-318

339361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339361
Local Reg. No. 87
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Mary Ann Stephens

5. Date of Birth of Child (Month, day, year) May 26, 1889

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ALFRED WILLIAM STEPHENS
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dallas (City or town) Whales (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN TAYLOR
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace West Bromage (City or town) England (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma Martin (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 52 years, and that Fanny Swann (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Emma Martin Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of March, 1942.

(SEAL) O. J. Williams Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-4-1942 APR 7 1942 Effie W. Brower, Registrar.
Maud Felder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-124-028-695

339412

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Rathdrum Idaho

3. RESIDENCE of FATHER (city, state) Rathdrum Idaho

4. FULL NAME OF CHILD John Dick Richart

5. Date of Birth (Month, day year) Oct. 24th 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jonathan Richart
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Robinson (City or town) Illinois (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Elizabeth Frederick
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Peoria (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 8 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Elizabeth Richart, being first duly sworn, say that I am related (Related to (or) acquainted with) John Dick Richart (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Huddel (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Ida E. Richart
Signature

Lindy Apts, 228 S Lincoln Spokane Wash. Address

Subscribed and sworn to before me on this 14th day of March, 1942.
(SEAL) [signature] APR 1 1942 Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-129-089-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Henry Kerns

5. Date of Birth of Child (Month, day, year) Aug 29" 1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Luther Clarke Kerns

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace (City or town) Mo. (State or foreign country)

14. Exact Occupation School teacher

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie M. Kerns

17. Color or Race White

18. Age at time of THIS birth 17 yrs.

19. Birthplace (City or town) California (State or foreign country)

20. Exact Occupation Housewife

State of Washington)
County of Whitman)

I, Mollie Wolheter, of Palouse, Washington, being duly sworn upon oath depose and say that I am personally acquainted with R.H.Kerns of Acme, Alberta, Canada; that I am also personally acquainted with his mother, Lillie M. Kerns of Pullman, Washington; that I was the attending midwife at the birth of R.H.Kerns; that he was born at Potlatch Idaho on the 29th day of August, 1889

Dated and signed at Palouse, Washington this 2nd day of July 1940

X Mollie Wolheter

Subscribed ans sworn to before me this 2nd day of July 1940

Hugh Guffey
Notary Public in and for the State of Washington ~~xx~~ residing at Palouse therein.

Notary Public, residing at

le as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAR 25 1942 by Maud Keeler, Registrar.

this certificate. Mail COMPLETED certificate in envelope Idaho, for filing. No charge for filing. Each certified

APR 6 1942

FEB 28 1975

APR 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of [redacted] 1911 Sessi[redacted] Laws, has not been recorded, or in case of [redacted] any b[redacted] which has occurred subsequent to such [redacted] may [redacted] reau o[redacted] pter 2[redacted] nied [redacted] of the attending physician or [redacted]fidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-122-01X-000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kenyon (b) City Caldwell
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kenyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Orville Elton Verley.

5. Date of Birth of Child (Month, day, year) April 22, 1889

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 Mo. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Dick Emery Verley.
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Monroe (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business For Self.

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Brooklyn (City or town) New York (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Vice (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mary E. Vice ~~M.D.~~ Midwife Address 2211 Harding St Long Beach Calif Date 4/2/42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
My Commission Expires Oct. 14, 1942
P. O. Address

Subscribed and sworn to before me this 2 day of April, 1942
(SEAL) M. L. Cutley Notary Public, residing at Long Beach Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 5822 Orange

Received for filing on APR 6 1942 by Mark Kistler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Grand Island Neb.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-201-035-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
X (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 months yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Blanche Elizabeth Williams

5. Date of Birth of Child (Month, day, year) Oct. 1-Tues 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edward Williams
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace New Haven, Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Amelia Minden
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Ironton, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 X years of age, that I have known this person for 52 years, and that Mrs Paul Welker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lillian Minden Williams Signature
X 1117 Mill St. Salem Oregon P. O. Address

Subscribed and sworn to before me this 7th day of March, 194

(SEAL) Ruth E. Bentele Notary Public, residing at Salem, Oregon. My Comm. expires April 19, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 7 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

986-110-025-863

339940

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Father and Mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 55 3 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood

4. FULL NAME OF CHILD Everett Jerome Rhoades

5. Date of Birth of Child (Month, day, year) Dec. 10 D 1889 10 2

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee Rhoades
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Chillicothe, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer and Stock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annabell Hollifield
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Lenoir N. (City or town) Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 52 years, and that Dr. J. W. Turner (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

annabell Hollifield Rhoades Signature
Cottonwood Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942
(SEAL) John L. Brooke Notary Public, residing at Cottonwood Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-205-004-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R.F.D. No. FRONT
(d) Name of Hospital or Maternity Home: AT RESIDENCE
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 6 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City MONTPELIER
(d) Street Address or R.F.D. No. FRONT
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) MONTPELIER-IDAHO

4. FULL NAME OF CHILD JESSIE KATE MACLENNAN BURTON

5. Date of Birth of Child (Month, day, year) JULY 5, 1889

6. Sex FEMALE **7.** Twin or Triplet If so—born (1st) 2nd, 3rd FIRST **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME DUNCAN MACLENNAN
11. Color or Race WHITE **12.** Age at time of THIS birth 26 yrs.
13. Birthplace CONON (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business GENERAL STORE

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET JANE MORGAN
17. Color or Race WHITE **18.** Age at time of THIS birth 19 yrs.
19. Birthplace PONTYPRIDD (City or town) WALES (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY ~~That I attended the birth of this child~~, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that MIDWIFE (First name) UNKNOWN BRIDGES (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret J. Morgan McLennan (Signature)
257 - 9th - San Pedro, Cal. Mrs. McLennan (Address)

Subscribed and sworn to before me this 5th day of March, 1942

(SEAL) Hattie V. Greene Notary Public, residing at 612 So Centre St San Pedro - Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 19, 1945

Received for filing on APR 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569 103006-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? First yrs.

3. RESIDENCE OF FATHER (city, state) Iona Idaho

4. FULL NAME OF CHILD Charles Leander Norton

5. Date of Birth of Child (Month, day, year) Dec 3 1889

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leander David Norton
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Lehi Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Emiline Cooper
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace American Fork Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 25 years, and that Mrs Cook (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma L. Rounds Signature
920 Truro Inglewood Calif. P.O. Address

Subscribed and sworn to before me this 16 day of March 1942
(SEAL) Elmer H. Dann Notary Public, residing at Los Angeles California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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63-110-029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340246
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City TROY
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD AXEL WILLIAM OSTERBERG

5. Date of Birth of Child (Month, day, year) MAY 10, 1889

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd ~~4th~~

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES WILLIAM OSTERBERG
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME ALMA JOHNSON
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4th. (b) Born alive and now living 4th.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by memory (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature C. W. Osterberg Address Troy Idaho Date 4-8-42

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for all his life years, and that the father C.W. Osterberg (First name) (Last name), who attended this birth is aged (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna O. Osterberg Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942
(SEAL) E. Brooke Notary Public, residing at TROY IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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546 103 016 593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340262
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Almo, Ida.

4. FULL NAME OF CHILD Gordon Ira Edwards

5. Date of Birth of Child (Month, day, year) 3 Jan. 1889

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Reg. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Edwards
11. Color or Race Wh. **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stock man
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Helen Nicholas
17. Color or Race Wh. **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Willard, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Midwife was Mrs. Mary Lowe, now deceased.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 53 years, and that Mrs. Mary Lowe (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joann's Lowe
Signature
Burley, Idaho
P. O. Address

Subscribed and sworn to before me this 7 day of April, 19 42

(SEAL) Nissy W. Luster Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel H. Gulson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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554-110-032-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340370
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 months.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD MAURICE FRANK ENDERLE

5. Date of Birth of Child (Month, day, year) December 10, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman Enderle
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Burlington, Iowa (City or town) (State or foreign country)
14. Exact Occupation Shop Foreman, Oregon Short Line
15. Industry or Business Railroad Mechanic

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Amelia Benham
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lowell, Mass (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for fifty-two years, and that Dr Redmond (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Emma Enderle Signature
R.F.D. 1 Box 83, Santa Ana, California P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) Notary Public, residing at Santa Ana, California
My Commission Expires July 25th, 1944
(Note: Perjury is punishable as a felony in Idaho. Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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921-708029-753

340377

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local ~~Reg. No.~~
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Idaho

4. FULL NAME OF CHILD Ida Isaksen

5. Date of Birth of Child (Month, day, year) Nov. 8, 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abraham Isaksen
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Kaisa Peterson
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Home remedy - if any

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 52 years, and that Mrs. Anna Freng (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. P. Salberg - Uncle Signature
So. Bellingham, Wash. P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942.
(SEAL) Notary Public, residing at Bellingham
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 115 040-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340433
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Osburn
(c) Street Address or R.F.D. No. - - -
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone.
(c) City Osburn.
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Osburn, Idaho.

4. FULL NAME OF CHILD HORACE LORENZO CHAMBERLAIN

5. Date of Birth of Child (Month, day, year) Sept. 15, 1889

6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Lorenzo Chamberlain
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Sudbury (City or town) Vermont (State or foreign country)
14. Exact Occupation Hotel Keeper
15. Industry or Business Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Ogilvie Gilkey
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Ogilville, (City or town) Indiana. (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Public School System.

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California, County of Stanislaus } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 52 years, and that Dr. (First name) Geboway, (Last name), who attended this birth is now deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella O. Chamberlain Signature
112 Elmwood Ave., Modesto, California Address

Subscribed and sworn to before me this 4th day of April, 19 42

(SEAL) Myron Moyle Notary Public, residing at Modesto, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-225022-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340458
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Teton Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Teton Basin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in **Idaho?** 3 yrs.

3. RESIDENCE OF FATHER (city, state) Teton Basin

4. FULL NAME OF CHILD Elsie Luella Johnson

5. Date of Birth of Child (Month, day, year) June 25, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Judge Johnson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Leona Porter
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Augusta, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that Judge Johnson (father) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Porter Johnson — Signature
1217 Grant St — P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942.
(SEAL) Myrna L. Brewer — Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

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363 216 003 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340464
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Cathern Tolmie

5. Date of Birth of Child (Month, day, year) Sept. 16, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Donald Tolmie
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Marybourgh, Roshire, Scotland (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annabelle McLeod
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Munlocky, Roshire, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 53 years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annabelle J. Tolmie — Signature
Blackfoot, Idaho — P. O. Address

Subscribed and sworn to before me this 1st day of April, 1947.

(SEAL) [illegible] Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1947 by Mark H. Gedes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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251-220-006-386

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county years 6 months ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Ruth Beach

5. Date of Birth (Month, day year) Mar. 20, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Aaron Williams Beach
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Thomas
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic ~~used to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Emma L. Rounds, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Beach (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rosana Denning (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma L. Rounds — Signature
920 Truro, Inglewood, California — P. O. Address

Subscribed and sworn to before me on this 3rd day of April, 1942
(SEAL) Esther B. Berufield — Notary Public, residing at Inglewood, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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551-109 036 342

340933

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 5 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Malad-Idaho

4. FULL NAME OF CHILD Lorenzo Lloyd Evans Jr.

5. Date of Birth of Child (Month, day, year) September 9-1929

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lorenzo Lloyd Evans Sr.
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Banker-Merchant-Farmer
15. Industry or Business + Stockgrower

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Lavesta Lusk
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 52 years, and that Ellen Reese Dredge (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Evans Davis Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942.
(SEAL) Dorothy McCormick Notary Public, residing at San Jose, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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231-228-028-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341149
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootinai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootinai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lillie May Blake

5. Date of Birth of Child (Month, day, year) Sept. 28, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy None

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles E. Blake
11. Color or Race White
12. Age at time of THIS birth — yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Johnson
17. Color or Race White
18. Age at time of THIS birth — yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Minnesota
County of Wabasha } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for birth ~~years~~ and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John Johnson Signature
Wabasha, Minnesota P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942

(SEAL) Mike O. Beaver Notary Public, residing at Wabasha, Minn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Clerk of District Court
Wabasha County, Minn.
My term Expires Jan. 1, 1943

Received for filing on APR 20 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-201-029-819

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341363
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Near Troy
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 25 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near out
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Troy, Idaho

3. RESIDENCE of FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Lenna Agnes Pence Dorsett

5. Date of Birth (Month, day year) Dec 1-1889

6. Sex female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Willard Pence
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Frankfort (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Deceased

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Gertrude Haland
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Flora (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive stillborn) at 12:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dora Gertrude Pence (First name) (Last name) (TROUT) who is related to this child as mother (Mother, etc.)

26. (a) APR 21 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Emma O. Trout M.D. (D.O., Midwife, etc.)
and address 8240 Logan Moscow Idaho Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma O. Trout, being first duly sworn, say that I am ~~related to~~ attended (or) acquainted with ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth) who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously reported.

____ Signature
____ P. O. Address

Subscribed and sworn to before me on this 11th day of April, 1942

(SEAL) [signature] Notary Public, residing at Moscow, Idaho

State of Idaho
Notary Public in and for
Residing at Moscow, Idaho
My Commission Expires Dec. 18, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

014-123-026-962

342459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Peter LaVern Madsen

5. Date of Birth of Child (Month, day, year) Dec.23-1889

6. Sex male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Peter Madsen
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Ella Robbins.
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Willard, Utah. (City or town) (State or foreign country)
20. Exact Occupation domestic
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont recall

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 52 years, and that Mrs. John T. Poole (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans Peter Madsen Signature
Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of April, 19 42
(SEAL) Bertha R. Baumsell Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-114-022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
* (a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Almon Parker

5. Date of Birth of Child (Month, day, year) Jluy 14, 1889

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd ---- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Albion Parker
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Retired farmer
15. Industry or Business Retired farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Thomas
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was --- (Born alive, stillborn) at ---- M. on the date and at the place stated above, and that personal particulars were furnished by ----- (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ---- M.D. Midwife Address ----- Date ------

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 52 years, and that Mrs (First name) Wells (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Thomas Parker Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 19 42
(SEAL) [illegible] Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by [illegible], Registrar.

* Now Madison County.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-126-036-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342830
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Malad
(c) Street Address or R.F.D. No.: none known
(d) Name of Hospital or Maternity Home: At Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida.

4. FULL NAME OF CHILD Emrys John Davis

5. Date of Birth of Child (Month, day, year) 1/26/1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy usual Legitimate? yes

FATHER OF CHILD

10. FULL NAME Rees Howell Davis
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Wales (City or town) England (State or foreign country)
14. Exact Occupation Newspaper Publisher
15. Industry or Business Editor

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Lewis
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 53 years, and that Dr (First name) Drake (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Winn Ross — Signature
4 Dunsch Pasadena Calif. — P. O. Address

Subscribed and sworn to before me this 18 day of April, 1942
(SEAL) Emma J. Pino — Notary Public, residing at Pasadena, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363-22-4029-799

342953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City none
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none (Born own home in country)
(e) Mother's stay BEFORE delivery: IN THIS county ___ years 4 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City none- about 6mi Garfield, Wn.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 mo yrs.

3. RESIDENCE OF FATHER (city, state) same above

4. FULL NAME OF CHILD Charity Alice Cockrell

5. Date of Birth of Child (Month, day, year) Aug 24-1889

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christopher Columbus Cockrell
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cass Co. (City or town) Mo. (State or foreign country)
14. Exact Occupation Common Laborer(farm)
15. Industry or Business Working on farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Henrietta Griner
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Butler Co. (City or town) Pa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Caring for own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none so far as known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Montana
County of Flathead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for over 52 years, and that Elizabeth Griner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

T O Greer - witness to the mark of Christopher Columbus Cockrell

Christopher Columbus Cockrell Signature

Whitefish, Montana P. O. Address

Subscribed and sworn to before me this 21st day of April, 19 42.

(SEAL) T O Greer Notary Public, residing at Whitefish, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Com. exp 4/19/45

Received for filing on APR 25 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF MONTANA)
(ss.
COUNTY OF FLATHEAD)

I, T.W.Greer, a Notary Public in and for the State of Montana hereby certify under my authority as a Notary Public that the hereunto attached Certificate of birth of the State of Idaho was on the day and date thereof duly made and executed by Christopher Columbus Cockrell, personally known to me, that the same was fully understood by the said Christopher Columbus Cockrell, that each questi thereof was read to him and the answer filled in thereon at his dictation. that after the said certificate was fully filled in it was read to him and he was asked if it was correct to which he stated that it was, That the said Christopher Cockrell is blind aand for that reason unable to sign his own name and that before the signature of the annexed certificate I administered to him the oath that said certificate and each and every answer therein contained was true of his own knowledge to which he stated it was and that I then at his request wrote the name "Christopher Columbus Cockrell" on said certificate and he the said Christopher Columbus Cockrell then made his mark signifying his signature ~~thereto~~ thereto.

T.W.Greer

NOTARY PUBLIC for the State of Montana
Residing at Whitefish, Montana
My Commission expires April 19th 1945

495-228-004-466 342987 342987

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342987
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho

4. FULL NAME OF CHILD Clara Viola Minnig

5. Date of Birth of Child (Month, day, year) 3/28/1889

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Minnig
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bern, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Moorey
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Bern, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Used some medicine but dont know name.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for all her life years, and that Mrs. C. Bridges (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Minnig Signature
Nounan, Idaho, P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42.
(SEAL) Chas E Hansing Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-208004-753

343129

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county Over 5 years ____ months ____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Over 60 yrs.
(f) Mother's mailing address (For registration notice): Box #93, Montpelier, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Minnie Inger Christoffersen ~~Dray~~

5. Date of Birth (Month, day, year) Dec. 8, 1889

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Christian Christoffersen

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Denmark
(City or Town) (State or foreign country)

14. Exact Occupation R.R. Section Foreman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jensine Patrine Peterson

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Denmark
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 6 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by JENSINE CHRISTOFFERSEN (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) APR 28 1942 (Date received) Mabel [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's Signature)

25. ~~Attendant's~~ MOTHER'S OWN signature Jensine Christoffersen ~~M.D.~~ MOTHER (~~D.O., Midwife, etc.~~)
and address Montpelier, Idaho Date April 27, 1942

STATE OF IDAHO, COUNTY OF CARIBOU: SS--Subscribed and sworn to by Jensine Christoffersen this 27th day of Apr. 1942. [illegible] Notary Public.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

553-101036-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343145
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at Parents' home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ezra J. Nelson

5. Date of Birth of Child (Month, day, year) Apr. 1, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jens P. Nelson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Nortvede (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Frandsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Tyvelse (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that Marie Petersen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jens P. Nelson — Signature
450 S. Main St., Brigham, Utah — P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL) L. Lorenzo Lee — Notary Public, residing at Brigham, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mae Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-106-022-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: Egin
(c) Street Address or R.F.D. No.: 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Egin
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Egin, Idaho

4. FULL NAME OF CHILD Thomas Walter Tout

5. Date of Birth of Child (Month, day, year) October 6, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Tout
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace: Neath (City or town) Wales, England (State or foreign country)
14. Exact Occupation: engineer on U. P. Railroad
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Jenkins
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace: Neath (City or town) Wales, England (State or foreign country)
20. Exact Occupation: house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 52 years, and that Mrs Coxson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Manan — Signature
St Anthony Idaho — P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942

(SEAL) O. Meservy, Probate Judge ~~Notary Public~~, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344 106 029-465

343311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Utah (b) City Genessee
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Utah
(c) City Genesee
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ben Emerson Cummings

5. Date of Birth of Child (Month, day, year) Aug. 6, 1889

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Cummings
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace State of Del. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Donahue
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace State of Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 52 years, and that Dr. Beck (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Marie Cummings Doe + Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942
(SEAL) John L. Phillips Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mary E. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-203 025-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343469
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. On Farm
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Frances Mary Kerlee

5. Date of Birth of Child (Month, day, year) Feb. 3, 1889

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Coleman Lemuel Kerlee
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Taylorsville (City or town), North Carolina (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Benoy
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Madison (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Doctor (First name) S. E. Bibby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Kerlee Signature

Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 28 day of April, 19 42.

(SEAL) Burt C. Halsey Notary Public, residing at Clarkston, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

39/214 039-318

343522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Power (b) City: Horseisland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Father's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Power
(c) City: Horse Island
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 68 yrs.

3. RESIDENCE OF FATHER (city, state) Horse Island, Idaho

4. FULL NAME OF CHILD JAMES RAY CRAIG

5. Date of Birth of Child (Month, day, year) Nov. 14, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EDWARD CRAIG
11. Color or Race: White **12.** Age at time of THIS birth: 33 yrs.
13. Birthplace: Edinburgh, Scotland (City or town) (State or foreign country)
14. Exact Occupation: Farmer and stockgrower
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MAGGIE L. TAYLOR
17. Color or Race: White **18.** Age at time of THIS birth: 23 yrs.
19. Birthplace: Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the J. R. MUNN, uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Mary Dover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. R. Munn Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 19 42.
(SEAL) Monal Cone Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392-122040-613

343628

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Deceased

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Harry Allen Tibbals

5. Date of Birth of Child (Month, day, year) Oct 22, 1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Melvyn Tibbals
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Pontiac (City or town) Michigan (State or foreign country)
14. Exact Occupation Auditor & recorder
15. Industry or Business Shoshone County Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Evelyn Wallace
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Walnut Creek (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8:50 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mallon (First name) (Last name), who is related to this child as friend of mother (Mother, etc.)

25. Attendant's **OWN** signature Unknown M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 57 1/2 years, and that Dr. Harvey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Mallon Signature
#2 King St. Wallace-Idaho P. O. Address

Subscribed and sworn to before me this 1 day of May, 1942
(SEAL) Elizabeth E. Ward Notary Public, residing at Wallace.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493 206 036 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343788
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elmer Mickelson

5. Date of Birth of Child (Month, day, year) Dec 6 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Niels Mickelson
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Annie Hansen
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Annie Wolverton (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that Sarah Chedwick (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Wolverton Signature
Dayton, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.
(SEAL) Notary Public, residing at Preston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mark Kiesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Labelle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county* years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Labelle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry Burrett Cary

5. Date of Birth of Child (Month, day, year) 3/11/1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Hamilton Cary
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Rockford (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Christian
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 53 years, and that I, Mrs Katie Kinkaid (First name) (Last name), who was present during his birth. ~~who attended this birth~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Katie Kinkaid Signature
Nespelem, Wash P. O. Address

Subscribed and sworn to before me this 28 day of April, 1942
(SEAL) Melvin L. Robertson Notary Public, residing at Nespelem, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-231 035-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343944
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 11 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Cameron, Idaho

4. FULL NAME OF CHILD Mary Margaret Lenter

5. Date of Birth of Child (Month, day, year) Oct. 31, 1889

6. Sex female 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Lenter
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Hamburg, Germany (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lene Kahlke
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Suemfleth, Germany (City or town) (State or foreign country)
20. Exact Occupation domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unable to state the type of prophylactic used.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Mrs. Joe Craddick (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Lenter Signature
Brogan, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42
(SEAL) [signature] Notary Public, residing at Vale, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343963
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years about 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 4 ~~mo.~~ ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Mary Ethel Bingman.

5. Date of Birth of Child (Month, day, year) Oct 6, 1889

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Bingman
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnefred Drew
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Gatesville Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 53 years, and that Nettie Harris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Winnefred Bingman (Signature)
Moscow Idaho RFD 5 (P. O. Address)

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) E. S. Thompson Notary Public, residing at Moscow Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343983
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD James Vincent

5. Date of Birth of Child (Month, day, year) Feb. 22-1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Dennison
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace New Albin (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Maher
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace New Albin (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 53 years, and that Mrs Mary Dennison (First name) (Last name), who attended this birth deseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse Dennison Signature
Rathdrum, Idaho P.O. Address

Subscribed and sworn to before me this 4th day of May, 19 42

(SEAL) M. E. Freeman Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel H. Leber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Dubois
(c) Street Address or R.F.D. No. P.O. Small
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Dubois (P.O. Small)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl H. Colson

5. Date of Birth of Child (Month, day, year) March 17, 1889

6. Sex Male

7. Twin or Triplet Single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh A'Dell Colson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming for self

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Jane Rose
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Butler, Bates Co., Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Olive Jane Colson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 53 years, and that Sarah E. Hardin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive J Colson — Signature
Rte. 2, Troutdale, Oregon. — P. O. Address

Subscribed and sworn to before me this 5th day of May, 19 42

(SEAL) — Notary Public, residing at Gresham, Oregon.
NOTARY PUBLIC FOR OREGON
My Commission Expires Jan. 19, 1943.

(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344149
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Oneida (b) City: Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Oneida
(c) City: Fairview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Fairview.

4. FULL NAME OF CHILD Willie Alice Adams

5. Date of Birth of Child (Month, day, year) Oct. 5, 1889

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joshua Adams
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Mt. Pisgah, Iowa. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Criddle
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Paysville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 52 years, and that Ellen Ebert, midwife, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Adams Smith Signature
Lewiston, Utah. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942.
(SEAL) J. M. Condie Notary Public, residing at Preston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by Mabel K. Gelpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344162
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida

4. FULL NAME OF CHILD Leslie Elmer Carpenter

5. Date of Birth of Child (Month, day, year) 6-7-89

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henry Carpenter
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Somewhere in Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Ellen Millay
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Atchison Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Used only Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice Miles (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Mary Alice Miles M.D. Midwife Address Payette Ida Date 5-6-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

[illegible]ury is punishable as ~~a felony in Idaho~~; see Sec. 17-914, Idaho Code Annotated.

[illegible]ng on MAY 8 1942 by Mary [illegible], Registrar.

ACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope ST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified es an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 227 028 455

344200

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County....Kootenai. (b) City...Post Falls.
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....none.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State....Idaho..... (b) County...Kootenai.....
(c) City .....Post Falls.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....6.....yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls,

4. FULL NAME OF CHILD.....Mabel Elizabeth Manning.....

5. Date of Birth of Child (Month, day, year).....5-27-1889.....

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**.....James Alfred Manning.....
11. Color or Race.....white..... 12. Age at time of THIS birth.....29.....yrs.
13. Birthplace.....Old Town, Maine..... (City or town) (State or foreign country)
14. Exact Occupation .....Farmer.....
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Minnie Mendenhall.....
17. Color or Race.....white..... 18. Age at time of THIS birth.....24.....yrs.
19. Birthplace.....Stockton, Calif..... (City or town) (State or foreign country)
20. Exact Occupation .....Housewife.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....none.....

23. Number of children of this mother: (a) At time of birth and including this child....3..... (b) Born alive and now living....3.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....Washington.....
County of.....Whatcom.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Sister.....(Mother, etc.) of the person whose name appears in Item 4, above; that I am now.....56.....years of age, that I have known this person for.....53.....years, and that -----not known -------..... (First name) (Last name), who attended this birth.....deceased..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie E. Johnson.....Signature
1506 Ellis St., Bellingham, Wash.....P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42

(SEAL) A. E. Payne.....Notary Public, residing at.....Bellingham, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....MAY 7 1942.....by.....Mabel Heilen.....Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-220-025-563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344401
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Idaho - Idaho

4. FULL NAME OF CHILD Virginia Fitzhugh Shearer

5. Date of Birth of Child (Month, day, year) Jan. 20, 1989

6. Sex Fem.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Martin Shearer
11. Color or Race white **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Winchester (City or town) Virginia (State of foreign country)
14. Exact Occupation Clerk of the Court
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Vollmer
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Indianapolis (City or town) Indiana (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution of Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 53 years, and that Mary (First name) Swarts (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline V. Shearer Jewsorth Signature

P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942.

(SEAL) Charles F. Boren Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by Mabel H. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967 118 006 366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344650
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida.

4. FULL NAME OF CHILD Raymond Earl Rogers

5. Date of Birth of Child (Month, day, year) Feb. 18, 1889

6. Sex **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Bailey Rogers
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Dodgeville Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Toombs
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace London England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Oldest Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 52 years, and that The Doctor and nurse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Era M. Peterson ..... Signature
..... P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942
(SEAL) James M. Eden Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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179-127-D 29-622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34483 7
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City near Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Anton Agrell

5. Date of Birth of Child (Month, day, year) Sep. 27, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter L. Agrell
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Glimminge, Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Oskeroot
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Askerath, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that Dr. Cox (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter L. Agrell — Signature
Moscow, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942.
(SEAL) Marian Nelson — Notary Public, residing at Moscow, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-206-007-391

344899

United States Department of Commerce Bureau of the Census

MAY 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 69
Local Reg. No.
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Laura Ann Johnson

5. Date of Birth of Child (Month, day, year) 7-6-1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ervin William Johnson
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Ottumwa (City or town) Iowa (State or foreign country)
14. Exact Occupation Hotel Manager
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Cramer
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Comfort (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) 11P M. on the date and at the place stated above, and that personal particulars were furnished by Ottilie Campbell (First name) (Last name), who is related to this child as Aunt (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 52 years, and that Dr. N. J. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ottilie Campbell Signature
Hailey - Idaho P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 42

(SEAL) J. W. Walker Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-12-1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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954-221-015-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345971
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emma Clarinda Remington

5. Date of Birth of Child (Month, day, year) 3-21-89

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Elmor Stevens Remington
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Silverton Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Frances Boyer
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother's half sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 50 years, and that Mrs. Gill (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Shelley — Signature
P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942.
(SEAL) R. P. Grant Notary Public, residing at Salem, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Comm Exp 9-14-1943

Received for filing on MAY 18 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-28-0076-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346013
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Zelma Baker

5. Date of Birth of Child (Month, day, year) Jan. 28, 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Charles Baker
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Slaterville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Evans
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Cambatch (City or town) Wales (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 53 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Charles Baker Signature
Franklin Idaho P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-125006-294

346519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (now Bonneville) (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Henry Catmull

5. Date of Birth of Child (Month, day, year) 25 Sep. 1889

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Catmull
11. Color or Race Wh.
12. Age at time of THIS birth 22 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation School custodian
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eliza Brunt
17. Color or Race Wh.
18. Age at time of THIS birth 19 yrs.
19. Birthplace New Zealand (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 52 years, and that (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Eliza Catmull Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of May, 19 42

(SEAL) Boyd J. Arnett Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-110-029-514

346641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City:
(c) Street Address or R.F.D. No.:
(d) Name of Hospital or Maternity Home: In mother's home in country
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah
(c) City: (in country)
(d) Street Address or R.F.D. No.:
(e) How long has **MOTHER** lived in Idaho? 1897-1910 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co. Idaho

4. FULL NAME OF CHILD Raymond Alex Mc-Fadden

5. Date of Birth of Child (Month, day, year) Aug.10,1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hamilton J. Mc-Fadden
11. Color or Race: White
12. Age at time of THIS birth: 32 yrs.
13. Birthplace: Atumwa, Iowa (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business: Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Mary Eads
17. Color or Race: White
18. Age at time of THIS birth: 19 yrs.
19. Birthplace: Near McMinnville, Oregon (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business: Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child: 2 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was: (Born alive, stillborn) at: M. on the date and at the place stated above, and that personal particulars were furnished by: (First name) (Last name), who is related to this child as: (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt - - (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 52 years, and that Minerva Jane Eades (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Ellen Humphreys — Signature
P. O. Address

Subscribed and sworn to before me this 15th day of May - - - , 1942

(SEAL) A J Dennis — Notary Public, residing at Portland Or
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Apr 24-1943

Received for filing on MAY 18 1942 by Mark F Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

313-224006-893 MAY 28 1942 346671

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346671
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Inkom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Inkom
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Inkom, Idaho

4. FULL NAME OF CHILD Mary Ellen Callahan

5. Date of Birth of Child (Month, day, year) August 24, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dennis Callahan
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace County Waterford (City or town) Ireland (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business O.S.L.R.R.Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Hickey
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace County Tipperary (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Montana
County of Beaverhead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am ~~the~~ acquainted with (Mother, etc.) ~~of~~ the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 52 years, and that Dr Rooker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Sharie Looney Boyer Signature

..... P. O. Address

Subscribed and sworn to before me this 25 day of May, 1942.

(SEAL) M. D. Long Notary Public, residing at

Notary Public for the State of Montana
Residing at Dillon, Montana
My Commission Expires Jan. 20, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-112-036-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346777
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Whitney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Whitney
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Whitney, Idaho

4. FULL NAME OF CHILD Albert Frederick Harding

5. Date of Birth of Child (Month, day, year) Oct. 12, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick William Harding
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business O.S.L. Railway

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Elnora Handy
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Whitney (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 52 years, and that Mary Thomas (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick William Harding Signature
335 H St., Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me this 25th day of May, 19 42.
(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-230-040-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346809
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City WARDNER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) WARDNER, IDAHO

4. FULL NAME OF CHILD CHARLOTTE BEATRICE HARPER

5. Date of Birth of Child (Month, day, year) MARCH 30 1889

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME FREDRICK HERBERT HARPER
11. Color or Race WHITE **12.** Age at time of THIS birth 32 yrs.
13. Birthplace MINNEAPOLIS (City or town) MINN (State or foreign country)
14. Exact Occupation LOGGER
15. Industry or Business LUMBER

MOTHER OF CHILD

16. FULL MAIDEN NAME CARRIE EVA REEVES
17. Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
19. Birthplace McGREGOR (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 53 years, and that Unknown (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel C. Reeves Signature
Route 5, Spokane Wash P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942
(SEAL) W. J. Moore Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mabel Weldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855108045 - 365

MAY 28 1942 346960

United States
Department of Commerce
Bureau of Census

NOV 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Blaine~~ Alturas (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: At Home.
In Hosp. or Mat. Home no days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Blaine~~
(c) City Hailey Alturas
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.
(f) Mother's mailing address Arco Idaho.

3. RESIDENCE of FATHER (city, state) Arco Idaho.

4. FULL NAME OF CHILD Drexel William Hendrick

5. Date of Birth (Month, day year) May 8. 1889

6. Sex Male. **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Everett Henry Hendrick
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Don't Know (City or town) New York State (State or foreign country)
14. Exact Occupation Watch maker & Jeweler
15. Industry or Business Jewelry Store (in Hailey Idaho for 25 years.

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Agnes Connelly.
17. Color or Race White. **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Chicago (City or town) Ill. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose A. Hendrick, being first duly sworn, say that I am related to (Related to (or) acquainted with) Drexel William Hendrick (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose A. Hendrick Signature
Arco Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of May 1942
(SEAL) [illegible] Bayer Notary Public, residing at Arco Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-123-003-152

347172

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. –
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD ARTHUR GEORGE JACOBSEN

5. Date of Birth of Child (Month, day, year) January 23, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME GEORGE JACOBSEN
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Villestofle, Denmark (City or town) (State or foreign country)
14. Exact Occupation Smoke Stack Inspector
15. Industry or Business Railroad -Oregon Short Line

MOTHER OF CHILD

16. FULL MAIDEN NAME Ane Margrethe Jespersen
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Odense, Denmark (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that Dr. J. H. Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ane Margrethe Jorgensen Signature
4216 South Raymond Ave.-Los Angeles, California P.O. Address

Subscribed and sworn to before me this 27th day of 26th May, 19 42

(SEAL) Ralph J. Richards Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by M. L. Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-118-029-135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347216
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Union Town
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home: Country Home
(e) Mother's stay BEFORE delivery: IN THIS county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Uniontown P.O. Wn;
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Same as above

4. FULL NAME OF CHILD George Washington Davis

5. Date of Birth of Child (Month, day, year) Dec. 18-1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Marion Davis
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Ohio (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Alexander
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Helena Maynard (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 52 years, and that Dr Wilsey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helena Maynard Signature
1572 N. Hill Ave. Pasadena Calif. ~~P.O. Address~~

Subscribed and sworn to before me this 20 day of May A D, 1943
(SEAL) U L Kay NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA My Commission Expires May 8, 1943 at Pasadena Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-812, Idaho Code Annotated)

Received for filing on JUN 2 1942 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-119-006-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347268
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Camas, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Camas
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Angus Edson Kellum

5. Date of Birth of Child (Month, day, year) Jan- 19 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alvin Theadore Kellum
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Indianola (City or town), Iowa (State or foreign country)
14. Exact Occupation Engineer Locomotive
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Jane Kellum
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Brighton (City or town), Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife deceased Address Date

State of Montana
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Jane Kellum Signature
Luna, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of May 1942

(SEAL) J. C. Fosse Justice of Peace, residing at Luna, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-118-036415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Thorne

5. Date of Birth of Child (Month, day, year) 12/18/1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Isaac Thorne
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Teaching School
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Mary Davis
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name ~~prophylactic used to prevent Ophthalmia~~ Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 52 years, and that Emily (First name) Lish (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Isaac Thorne — Signature
American Falls — P. O. Address

Subscribed and sworn to before me this 1 day of June, 1942

(SEAL) Thos. B. Barnard — Notary Public, residing at Rockland Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 3 1942 by [illegible], Registrar.

Use only BLACK Ink on BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended [illegible]

236-110-040-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 347315
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Beaver Canyon
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Beaver Canyon
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** JAMES S. STODDARD

5. Date of Birth of Child (Month, day, year) Sept. 10, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James W. Stoddard
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation timber boss
15. Industry or Business sawmill business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Stewart
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 52 years, and that Mary W. Stoddard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Agnes Stoddard Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of June, 19 42

(SEAL) Dee Stowell, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 3, 1942 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34731 5
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Beaver Canyon
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years | | months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City Beaver Canyon
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James S. Stoddard

5. Date of Birth of Child (Month, day, year) 10/9/1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James W. Stoddard
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation timber boss
15. Industry or Business Sawmill business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Stwart
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 52 years, and that Mary H. Stoddard (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
Mrs Agnes Stoddard
..... P. O. Address
Rexburg Idaho

Subscribed and sworn to before me this 1 day of June, 1942

(SEAL) D. L. Stanwell Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mae Heller, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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CERTIFICATE OF BIRTH

The Church of Jesus Christ of Latter-day Saints

Salt Lake City 1, Utah, 16 November 1951

This Certifies that according to the Records of The Church of Jesus Christ of Latter-day Saints

- JAMES STEWART STODDARD -

was born on the Tenth day of September, Eighteen Hundred and eighty-nine,

at Beaver Canyon, Idaho

Father's name James W. Stoddard

Mother's maiden name Agnes Stewart

Recorded in Bingham Stake, Idaho Falls Ward Record of Baptisms and Confirmations, 1917, Page 84.

Entered on record 3 June 1917

Joseph Fielding Smith

Historian of the Church and ex officio Custodian of its Records

31X-108'044-622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347378
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City New Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years (about) months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City New Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 72 yrs.

3. RESIDENCE OF FATHER (city, state) New Meadows, Idaho

4. FULL NAME OF CHILD Albert William Campbell

5. Date of Birth of Child (Month, day, year) May 8, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Albert Campbell
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Pawnee (City or town), Illinois (State or foreign country)
14. Exact Occupation Ranching and stock raising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Frances Osborn
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Warrens, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 52 years, and that Mrs. Thomas Clay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Frances Campbell Signature
New Meadows, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942
(SEAL) [illegible] Notary Public, residing at New Meadows, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-210-603-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347395
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Chesterfield, Idaho

4. FULL NAME OF CHILD Ethel Loveland

5. Date of Birth of Child (Month, day, year) Sept. 10, 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Anson Cassim Loveland
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Rosette Call
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 52 years, and that Christine Higgins (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Hatch ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 27th day of May, 19 42

(SEAL) ..... Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-229-003-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347460
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Bannock (b) City: Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Bannock
(c) City: Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford Idaho

4. FULL NAME OF CHILD Maude Lillian Sibley

5. Date of Birth of Child (Month, day, year) Dec. 29 1889

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clifford Daniel Sibley
11. Color or Race: White
12. Age at time of THIS birth: 28 yrs.
13. Birthplace: Webster (City or town) Mass. (State or foreign country)
14. Exact Occupation: Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Butterfield
17. Color or Race: White
18. Age at time of THIS birth: 19 yrs.
19. Birthplace: Santa Quinn (City or town) Utah (State or foreign country)
20. Exact Occupation: house Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: nothing

23. Number of children of this mother: (a) At time of birth and including this child: 1 (b) Born alive and now living: yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that John (First name) Barnes (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Sibley — Signature
2723 Locust St Butte Montana — Address

Subscribed and sworn to before me this 26 day of May, 1942

(SEAL) John Barnes — Notary Public, residing at Butte, Montana
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public for the State of Montana
Residing at Butte, Montana
My Commission Expires May 7 1943

Received for filing on JUN 5 1942 by Mabel Weldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-213-025-239

347606

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? ... yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clara Gertrude Forsmann

5. Date of Birth of Child (Month, day, year) Aug 13, 1889

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John B. Forsmann
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace State of Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Stricker
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace State of Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 52 years, and that Mrs. Forsmann (First name) (Last name), who attended this birth, died (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Magdalena Forsmann Malinich Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942
(SEAL) John R. O'Phillips Notary Public, residing at Lewiston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-221-022-168

347787

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5/6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Matilda Bernilla Howard

5. Date of Birth of Child (Month, day, year) 1929 Feb 21st

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Don Carlos Howard
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Marie Matilda Johnson
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Barne Crede

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 53 years, and that Polly Hammon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Mi Mi L. Howard. Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of June, 1942
(SEAL) O. Messenger, Probate Judge ~~Notary Public, residing at~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 10 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-219-028-962

347894

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnia (b) City Post Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnia
(c) City Post Falls
(d) Street Address or R.F.D. No. 8Mo
(e) How long has **MOTHER** lived in Idaho? 1yr. yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Idaho

4. FULL NAME OF CHILD Iola Edith Carder

5. Date of Birth of Child (Month, day, year) Sept.19,1889

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjiman Carder
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Nevada Ross
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Bethany, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 52 years, and that Mrs. Virrett (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alva B. Carder
Signature

Richland, Oregon
P. O. Address

Subscribed and sworn to before me this 6th day of June, A. D., 19 42

(SEAL) Notary Public, residing at Richland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Ex. 8-3-45

Received for filing on JUN 9 1942 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-22801939

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DELAYED

CERTIFICATE OF BIRTH

STATE OF IDAHO

348064

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County: Custer (b) City: CHALLIS
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
~~In THIS county~~ 3 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER: (Always fill in these)**
(a) State: Idaho (b) County: Custer
(c) City: Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state): Challis

4. **FULL NAME OF CHILD:** Flora Catherine Hosford
5. Date of Birth (Month, day, year): Aug. 28, 1889
6. Sex: Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy: 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME:** George Hosford
11. Color or Race: White
12. Age at time of THIS birth: 36 yrs.
13. Birthplace: Polk City (City or town), Iowa (State or foreign country)
14. Exact Occupation: Sheriff Custer Co
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME:** Johanna Charlotte Larson
17. Color or Race: White
18. Age at time of THIS birth: 26 years
19. Birthplace: Stockholm (City or town), Sweden (State or foreign country)
20. Exact Occupation: Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 12 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of ~~Canyon~~ Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Holly Elder, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Flora Catherine Hosford (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Smith (Name of attendant at birth), who attended said birth is dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Holly Elder — Name
Boise Idaho — P. O. Address

Subscribed and sworn to before me on this 10th day of June 1942

(SEAL) D. H. Horton Notary Public, residing at Twin Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED ADDED TO FACE 10/30/2015 AKR

OCT 19 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

433-130021 145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Keston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bellity Jenson
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Cache
(c) City Trenton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Trenton, Utah

4. FULL NAME OF CHILD Andrew Ethermer McCombs

5. Date of Birth of Child (Month, day, year) Sept 30, 1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Ezra David McCombs
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Jane Ames
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 50 years, and that Bellity Jenson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

E W. Ames 29 S 3 W Logan Signature
P. O. Address

Subscribed and sworn to before me this 11 day of June, 19 42.
(SEAL) Geo D Nelson Notary Public, residing at Smithfield, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mark H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-118 014 414

348084

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell, near
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Charles Paul Hartley, Jr.

5. Date of Birth of Child (Month, day, year) June 18, 1939

6. Sex Male

7. Twin or Triplet - - If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 10

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Price Hartley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Near Stockton, Missouri (City or town) (State or foreign country)
14. Exact Occupation Nursery and farming
15. Industry or Business nursery and farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Estelle Madden Hartley
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Middleton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that Dr. Charles Lee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Price Hartley Signature

R. #3, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942.

(SEAL) Kathryn H. Hartshorn Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731730 45-615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Bellevue
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 8 yrs.

4. FULL NAME OF CHILD Owen Madison Gladden

5. Date of Birth of Child (Month, day, year) 5-30-1889

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Roberts Gladden
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Owner of store
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida. Fansler-Gladden
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Adrian Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no physician
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Gladden (First name) (Last name), who is related to this child as half-sister (Mother, etc.) - by half sister deceased -

25. Attendant's **OWN** signature unknown M.D. Midwife Address Date

State of Washington
County of Kenefi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 53 years, and that [illegible] (First name) [illegible] (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez Grande Keefer Signature
519-20 King St. P. O. Address

Subscribed and sworn to before me this 9 day of June, 1942

(SEAL) Maude Edwards Notary Public, residing at Centralia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-119-038-219

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

348303

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of ~~Payette~~ Ada

City of ~~Ada~~ Payette

No. ..... St.

Territory of Idaho

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD James C. Moss

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth June 19, 1942 (Month, Day, Year)

FATHER

9. Full name Frank C. Moss

10. Residence (usual place of abode) (If non-resident, give place and State) Payette

11. Color or race W | 12. Age at last birthday 79 (years)

13. Birthplace (city or place) (State or Country) Belvedere Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work December, 1937

17. Total time (years) spent in this work 35 years

MOTHER

18. Full maiden name Ruth Barnes ~~Moss~~

19. Residence (usual place of abode) (If non-resident, give place and State) Payette

20. Color or race W | 21. Age at last birthday 82 (years)

22. Birthplace (city or place) (State or Country) Salt Lake City Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 7

(a) Born alive and now living 6, (b) Born alive but now dead None (c) Stillborn None

6.

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed JUN 16 1942, 193..

Registrar.

Registrar.

DELAYED

038

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Payette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Florence M. Walker being first duly sworn says that she is the older sister (Relationship of child)* of James C. Moss born June 19th, 1889 (Date of birth) at Payette, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James C. Moss hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. G. A. Pogue, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said James C. Moss and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Florence M. Walker

P. O. Address Payette, Idaho

Subscribed and sworn to before me this 13th day of June, 19.42

Helen F. Dunn
Notary Public.

Residing at Payette, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUN 16 1942

739-106029-493

348305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City Genessee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Genessee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Genessee-Idah

4. FULL NAME OF CHILD Arthur Earle Glidden

5. Date of Birth of Child (Month, day, year) April-6th-1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Glidden
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Austin (City or town) Illinois (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Belle Miller
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Dixon (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 53 years, and that Mary (First name) Houghton (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Daisy Parkill Signature
110 East 4th St. Yakima, Wash P. O. Address

Subscribed and sworn to before me this 13th day of June, 1942
(SEAL) J. D. Crawford Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mary E. Leger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-718014612

348384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Canyon (b) City: Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Canyon
(c) City: Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Edwin Trelford Miller

5. Date of Birth of Child (Month, day, year) May 18 1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Edward Miller
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Granby (City or town) Canada (State or foreign country)
14. Exact Occupation Cabinet maker
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Filpha Jane Oakes
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Freeport (City or town) Ill. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 53 years, and that Dr. W. C. Maxey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ora L. Oakes Signature
1305-13 Lane St. Caldwell Ida P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942

(SEAL) Mueller Notary Public, residing at Caldwell Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-105030-385

348530

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. On Ranch
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD William Edward Taylor

5. Date of Birth of Child (Month, day, year) Sept. 5, 1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Augusta Taylor
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Bangor, Maine (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Rebecca Cherry
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Preston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date X and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lewis & Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 52 years, and that unknown (First name) unknown (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC for the State of Montana,
Residing at Helena, Montana.
My commission expires Aug 3 1943

Pearl A. Lehfeldt Signature
Helena, Montana P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) W. L. Jefferson Notary Public, residing at Helena Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mabel Hughes, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263 108 040 559 JUN 25 1942 349782

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 349782
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? one yrs.
(f) Mother's mailing address Kellogg, Ida

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Ida

4. **FULL NAME OF CHILD** James Bottinelli

5. Date of Birth (Month, day, year) 9-8-1889

6. Sex.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Celest Bottinelli
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Besano (City or town) Italy (State or foreign country)
14. Exact Occupation Jewler
15. Industry or Business Ice Dealer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Vergobbi
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Besano, (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 25 1942 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles Bottinelli, being first duly sworn, say that I am related (Related to (or) acquainted with) James Bottinelli (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Bottinelli ..... Name

Kellogg, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 23rd day of June 1942

(SEAL) Lam-Donzale ..... Notary Public, residing at Kellogg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-109 006-314

349830

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
Own Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD George Lenord Garrard

5. Date of Birth of Child (Month, day, year) June 9 1889

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William McGinnis Garrard
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace North Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Diana Campbell
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Seamstress

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 53 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Term Exp. 3-9-1946

Annie Diana Campbell Harris
Signature

No. 2037 East 33rd South St. Salt Lake City, Utah
P.O. Address

Subscribed and sworn to before me this 17th day of June 1942

(SEAL) Melissa Stoe Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Merl Heiden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-123-001819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349863
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 76 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HARRY EDGAR MEEK

5. Date of Birth of Child (Month, day, year) May 23rd 1889

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME ISAAC EDGAR MEEK
11. Color or Race A/W **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Hancock Co. (City or town) Indiana (State or foreign country)
14. Exact Occupation live stock grower
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME lizzie Lee Hartley
17. Color or Race A/W **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Ada Co. (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 53 years, and that Dr. Jones (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie L. Meek Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942

(SEAL) Chas. L. Shaffer Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395 205006 113

350081

United States Department of Commerce Bureau of the Census

JUN 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350081
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Gray Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Gray Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Gray Lake Idaho

4. FULL NAME OF CHILD Iris Ann Lincoln

5. Date of Birth of Child (Month, day, year) Oct. 5 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Alexander Lincoln
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Beautiful (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Esther Jackson
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Beautiful (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the step mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 52 years, and that Mrs Harriet Moore (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda V Nicolas Signature
730 - 3rd Ave West Twin Falls P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942.
(SEAL) O C Hall Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mary F Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296 124022433 JUN 30 1942

350088

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350088
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont then
(c) City Rexburg (Now Madison Co.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jesse M. Brown

5. Date of Birth of Child (Month, day, year) March 24, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Ross Brown
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret McCulloch
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~stillborn~~ (Born alive, stillborn) at ~~7:40~~ A.M. on the date and at the place stated above, and that personal particulars were furnished by ~~Katherine~~ xx McCulloch (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address ~~RFD #1 x Rexburg, Idaho x June 25, 19~~ 42

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 55 years, and that Mrs. Jacob Zweifel (First name) (Last name), who attended this birth Deceased (Is now deceased) ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Catherine [redacted] McCulloch Signature
Rexburg, RFD #1 Idaho. P. O. Address

Subscribed and sworn to before me this 30 day of June, 1942
(SEAL) Dave Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699 101 006 689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350339
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Three years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Fred Joaquin Wright

5. Date of Birth of Child (Month, day, year) Nov. 1, 1889

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** King David Darwin Wright
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Exeter, Scott County, Illionis (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Lawyer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cassandra Whittaker
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 52 years, and that Dr. Wm. A. Behle (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca Wright Hayes Signature
255 North Water Ave, Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942

(SEAL) N. P. Shatswell Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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289-120-007 819

350482

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County PLAINE (b) City BELLEVUE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City BELLEVUE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD RAY SHIPP

5. Date of Birth of Child (Month, day, year) Oct. 20, 18[illegible]

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hardy Shipp
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Marion (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ELLEN HARRINGTON
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace ? (City or town) IOWA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 53 years, and that Mrs W.W. Dayton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Shipp Signature
Freewater Ore. P. O. Address

Subscribed and sworn to before me this 5 day of June, 1942
(SEAL) Russel Blackler Notary Public, residing at Freewater Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 7-28-42

Received for filing on JUL 2 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365 103 029 315

350614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Walla Walla
(c) City Walla Walla
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one-half yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Charles Caviness Conkey

5. Date of Birth of Child (Month, day, year) Nov. 3, 1889

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Hamilton Conkey
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Canton (City or town) New York (State or foreign country)
14. Exact Occupation Auditor
15. Industry or Business Implement business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ann Caviness
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Island City (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 53 years, and that Dr. (First name) Cox (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Laura Ann Conkey Signature

La Grande, Oregon P. O. Address

My Commission Expires March 10, 1945.

Subscribed and sworn to before me this 3rd day of July, 1942

(SEAL) E. R. Runyan Notary Public, residing at La Grande, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 7 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6 89-110-639-962

350746

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 318 N. Hayes
(d) Name of Hospital or Maternity Home: Born at above address
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 318 N Hayes St.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Harold Kenneth White

5. Date of Birth of Child (Month, day, year) July 10 1889

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Lynn White
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Baraboo (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Drug store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adeline Elmina Robbins
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Capron Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No knowledge

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Dr A. B. Blake (First name) (Last name), who attended this birth ~~is now~~ deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie E. White Signature

P. O. Address

Subscribed and sworn to before me this 7th day of July, 1942.

(SEAL) Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by Mary Erickson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-125-022-314

350859

350859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Fremont (b) City: BURTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mothers stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Fremont
(c) City: Burton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Burton, Idaho

4. FULL NAME OF CHILD George Leonard Thornton

5. Date of Birth of Child (Month, day, year) Feb 25 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CHESTER B.T. HOPNTON

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Des Moines (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delita Campbell

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace North Ogden (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 53 years, and that Midwife (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lemphrance Thornton Fisher Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 10 day of July, 1947

(SEAL) Anna J. Mellen Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-211-007-649

350872

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bradford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bradford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Bradford Idaho

4. FULL NAME OF CHILD Henrietta Marie Vancil

5. Date of Birth of Child (Month, day, year) Oct. 10-1889

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eli Loffota Vancil
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Springfield (City or town) Ill. (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Heed County Office

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Temperance Hurby
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Lindey (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 53 years, and that Jane Stetto (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fay E McCickery Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July, 19 42.
(SEAL) Fran Fuller Notary Public, residing at Ashton Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-210-029-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

350999

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Park
(c) Street Address or R.F.D No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City Elk River, Idaho
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address Elk River, Idaho
3. **RESIDENCE OF FATHER** (city, state) Park, Idaho

4. **FULL NAME OF CHILD** Lizzie Marie Torgerson
5. Date of Birth (Month, day, year) Dec. 10, 1889
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ole Henry Torgerson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agricultural

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Gullingsrud
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 11 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Gullingsrud Torgerson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lizzie Marie Torgerson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ragna Lahl (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carrie Gullingsrud Torgerson Name
..... P. O. Address

Subscribed and sworn to before me on this 13 day of June

(SEAL) Arnold P. Lenzell Notary Public, residing at Lewiston

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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417-107-014-315

351191

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 224 N. Kimball
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County King
(c) City Caldwell
(d) Street Address or R.F.D. No. 224 N Kimball
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Guy Gilbert Maxey

5. Date of Birth of Child (Month, day, year) April 3 1889

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dr William C Maxey
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Wayne Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Physician
15. Industry or Business Medical General Practice

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Gertrude Lane
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know if any

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 1 a M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Deceased (Mother, etc.) (Mother)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Wash.
County of Grays Harbor } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 52 years, and that Dr William C Maxey (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William W Maxey Bro
Signature
2205 Second Avenue Seattle Wash
P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942

(SEAL) Wreaha M. Farrar Notary Public, residing at Montesano Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mark Hyslop, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents; money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-319022-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352440
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) lewisville, Ida

4. FULL NAME OF CHILD Carrie Henrietta Hansen

5. Date of Birth of Child (Month, day, year) 9-19-1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Christopher Hansen
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Nygaarde, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer & Businessman
15. Industry or Business Seed & Feed Business& Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Sorenson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Herlufmagle, (City or town) Denmark (State or foreign country)
20. Exact Occupation Midwif & Housewife
21. Industry or Business Home & Nursing

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrole

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 52 years, and that Mrs. Harriet Dabell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Hansen
Signature
430 F Street, Idaho Falls, Idaho
P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) [illegible] Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Near Hunter (now Meridian)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Near Meridian
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Near Meridian, Ida.

4. FULL NAME OF CHILD Fedalma Ragon

5. Date of Birth of Child (Month, day, year) March 9, 1889

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Martin Ragon
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace near Neosho (City or town), McDonald Co. Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Smith
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Near Lawrence (City or town), Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now eighty years of age, that I have known this person for 53 years, and that Dr. Kohler (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires JUL 11 '43

Mary Jane Ragon Signature
R. 1 Box 90 Arlington Calif. P. O. Address

Subscribed and sworn to before me this 30th day of July 1942

(SEAL) A. Bennett Notary Public, residing at Arlington, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUL 22 1942 by Mabel F. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352729
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City none
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none - at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Latah County, Idaho

4. FULL NAME OF CHILD Guy Rupert Dunbar

5. Date of Birth of Child (Month, day, year) March 15, 1889

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orville Burleigh Dunbar
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Lamberton (City or town) New Hampshire (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Grace Kinman
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Jacksonville (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 53 1/3 years, and that Mrs. (First name) Hoskins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Nellie G. Sherman (Saborn) Signature
c/o Guy R. Dunbar, 1003 Hill St. Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me this 21st day of July, 19 42

(SEAL) Muriel Silverston Notary Public, residing at Los Angeles, Calif.
Commission expires August 5, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Maurel F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington* (b) City Council
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington*
(c) City Council
(d) Street Address or R.F.D. No. rural
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD BENJAMIN HARRISON HIGGINS

5. Date of Birth of Child (Month, day, year) Jan 9 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Palmer W. Higgins
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Near Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Marie Willard
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Green County, N. Hampshire (City or town) (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 82 years of age, that I have known this person for 53 years, and that P. W. Higgins (father) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. We had no other attendant at this birth.

Alice M. Higgins ..... Signature
Council, Idaho ..... P. O. Address

Subscribed and sworn to before me this 24th day of July, 19 42

(SEAL) ..... Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352896
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 6 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Sarah Jane K. Evans

5. Date of Birth of Child (Month, day, year) June 12, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel R. Evans
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace St. Joseph (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Elizabeth K. Colton
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Danesmoore (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of ONEIDA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 53 years, and that Eliza (First name) Clark (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen L. Colton
Signature

Malad City, Idaho
P. O. Address

Subscribed and sworn to before me this 28 day of July, 1942

(SEAL) John H. McAllister by D. A. Jones Deputy [redacted] Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mark Hebler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 20 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Edward Hammond

5. Date of Birth of Child (Month, day, year) July 22, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Edward Hammond

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Davidson

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 53 years, and that Neighbors (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marzetta Davidson Signature

Oakley Idaho P. O. Address

Subscribed and sworn to before me this 1 day of Aug 19 X

(SEAL) Earl Whitley Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 - 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leta Susan McCoy

5. Date of Birth of Child (Month, day, year) July 16 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred David McCoy
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Sheridan (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Helms
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace ~~South~~ Santa Rosa Calif (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Susie Chandler (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Susie Chandler M.D. Midwife Address Potlatch Idaho Date August 15

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, Idaho.

4. FULL NAME OF CHILD John Quincey Boyce

5. Date of Birth of Child (Month, day, year) July 4, 1889

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas Boyce
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Employee saw mill
15. Industry or Business Lumber business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Evans
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Combach, Wales (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 53 years, and that the doctor whose name I had forgotten (First name) (Last name) and who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Thomas Boyce Signature
P. O. Address

Subscribed and sworn to before me this 10th day of July, A. D., 19 42

(SEAL) Bruce G. Hislop Notary Public, residing at Stockton, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Jan. 8-1944

NOTARY PUBLIC IN AND FOR THE COUNTY, STATE OF CALIFORNIA
MY COMMISSION EXPIRES JAN. 8, 1944

Received for filing on JUL 31 1942 by Mae Hesler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-208045266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (Ada) (b) City Ranch
(c) Street Address or R.F.D. No. Houston
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 10 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas (Ada)
(c) City Ranch (Lost River)
(d) Street Address or R.F.D. No. Houston
(e) How long has **MOTHER** lived in Idaho? 2 years.

3. RESIDENCE OF FATHER (city, state) Idaho-ranch

4. FULL NAME OF CHILD Charlotte Maria McKenney

5. Date of Birth of Child (Month, day, year) Oct.8,1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wilson McKenney
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Superintendent
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alexandra Bowman
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Mateo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 52 plus years, and that Mary Winters (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Dakin Signature

2811 Hillside Drive, Burlingame, California P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1942

(SEAL) Paul Hockeyff Notary Public, residing at San Mateo, Calif.

NOTARY PUBLIC in and for the County of San Mateo, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 31 1942 by Mabel Fredler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-211003-796

353110

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Vera Mae Morrow

5. Date of Birth of Child (Month, day, year) May 11-1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Wesley Wellington Morrow
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Port Hope Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Rail Road

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Graves.
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Plattsmouth Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 52 years, and that PHYSICIAN (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lester W. Morrow Signature
3926 WEST 59 ST. LOS ANGELES CALIF. P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942
(SEAL) Inez L. Bowen Notary Public, residing at Los Angeles Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mark R. Gaskin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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432-115003-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state Swan Lake

4. FULL NAME OF CHILD Joseph Alexander McKenzie

5. Date of Birth of Child (Month, day, year) Nov.15,1889.

6. Sex male

7. Twin or Triplet S single If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion McKenzie
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Springfield, Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. **Industry or Business** farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Thornton
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Cornwall, England. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. **Industry or Business** housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum [illegible]

23. Number of children of this mother [illegible] born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that Alice M. Roth (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ole Anderson Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 3 day of August, 19 42

(SEAL) Baba R. Barnett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-108 001 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353467
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Fred William Johnston

5. Date of Birth of Child (Month, day, year) February 8, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Johnston
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Muscatine, (City or town) Iowa (State or foreign country)
14. Exact Occupation Tinsmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emma Henderson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Blenheim, (City or town) Ontario, Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living One.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Iowa
County of Muscatine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the second cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 52 years, and that person (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Bitzer — Signature
516 East 6th St. Muscatine, Iowa — P. O. Address

Subscribed and sworn to before me this 6 day of August, 1942.
(SEAL) T. B. Kreger — Notary Public, residing at Muscatine, Iowa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mark Kelsey, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-220-014-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353539
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nellie Wallace Stuart

5. Date of Birth of Child (Month, day, year) 7-20-1889

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Wallace Stuart
11. Color or Race W
12. Age at time of THIS birth 22 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evalena Peck
17. Color or Race W
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lewisville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children ~~of this mother~~: (a) At time ~~of birth~~ and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Polk } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Victoria Witt (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evalena Peck Stuart Smith Signature
628 Court St Dallas Ore P. O. Address

Subscribed and sworn to before me this 6th day of August, 1942.

(SEAL) Charles Gregory Notary Public, residing at Dallas, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.) My comm. exp. 7-10-1944

Received for filing on AUG 12 1942 by Mabel Helbe, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-22201-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353618
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) ~~City~~ Country
(c) Street Address or R.F.D. No.: 4
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City
(d) Street Address or R.F.D. No.: Country
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state): same

4. FULL NAME OF CHILD: Susan Alpha Bingman

5. Date of Birth of Child (Month, day, year): Nov. 22-1889

6. Sex: female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy: 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME: William Monroe Bingman
11. Color or Race: white
12. Age at time of THIS birth: 32 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation: farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME: Delilah Jane Adams
17. Color or Race: white
18. Age at time of THIS birth: 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation: house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 7 (b) Born alive and now living: 4 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 81 years of age, that I have known this person for 52 years, and that Mrs. Billberry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witnesses: Mrs. B. Yegaard, Mrs. C. R. Richmond

Delila Jane Mark Bingman (Signature)
#803 McAndrews Road, Medford, Oregon (P. O. Address)

Subscribed and sworn to before me this 23rd day of July, 19 42

(SEAL) Lela Pierce Notary Public, residing at Medford, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-125-029-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353822
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Latah (b) City: none
(c) Street Address or R.F.D. No.: none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Latah,
(c) City: none
(d) Street Address or R.F.D. No.: none
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Latah County Idaho

4. FULL NAME OF CHILD LeRoy Call

5. Date of Birth of Child (Month, day, year) Oct. 25, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Melvin H. Call
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dolly Parks
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 53 years, and that Dr. Holiday (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry G. Call — Signature
1437 Alpha Street, Pasadena, California — P. O. Address

Subscribed and sworn to before me this 17th day of August, A. D., 1942

(SEAL) Howard Dault — Notary Public, residing at Medford Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires December 8, 1943

Received for filing on AUG 19 1942 by Mary [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-123029-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Farmington, Wn.
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Farmington, Wash. RFD
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD David Henry May

5. Date of Birth of Child (Month, day, year) Feb. 23, 1889

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Jordan May
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Memphis, Tenn (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane McMurtry
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace near Conway, Alabama (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 53 years, and that Elizabeth (First name) Griner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Ettie Trumbe Signature

R#1, Potlatch, Idaho P. O. Address

Subscribed and sworn to ~~before~~ me this 15 day of August 19 42

(SEAL) Lydia Agnew Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December 10, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-215-029-239

355373

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 1 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cornwall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cornwall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 2/3 yrs.

3. RESIDENCE OF FATHER (city, state) Cornwall, Ida

4. FULL NAME OF CHILD CORNELIA ELIZABETH RANDALL

5. Date of Birth of Child (Month, day, year) SEPT. 15, 1889

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** VANERIRIE A RANDALL
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace Welton (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FANNY BOWEN STRAHL
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace IOWA CITY, (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for all her life years, and that doctor (First name) WORTHINGTON (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fanny Randall
Signature

CLARKSTON, WA SH
P. O. Address

Subscribed and sworn to before me this 28th day of AUGUST, 1942

(SEAL) Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 1 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-109-042-791

United States Department of Commerce Bureau of the Census

SEP 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355417
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls, (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rock Creek
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Thomas Oliver Jones

5. Date of Birth of Child (Month, day, year) Sept. 9th 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Jones
11. Color or Race W
12. Age at time of THIS birth 39 yrs.
13. Birthplace Sullivan County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilma Gray
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Montana (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Albert (First name) Jones (Last name), who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Hansen, Idaho Date 8 31 42

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 53 years, and that Midwife (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Jones (Uncle) Signature

Hansen, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of August, 19 42

(SEAL) Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 31 1942 by

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-108-007-697

United States
Department of Commerce
Bureau of the Census

SEP 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355453
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Ray Horne

5. Date of Birth of Child (Month, day, year) May 8, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Fayette Horne
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Rockford (City or town) Illinois (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Francis Figgins
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Keokuk (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name ~~prophylactic~~ used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 53 years, and that Dr. D. W. Figgins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Presley F. Horne — Signature

Caldwell, Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of ~~August~~ September, 1942.

(SEAL) Mildred Graves — Notary Public, residing at Caldwell, Idaho
Com Exp 3-4-1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-20-6-29-918

355473

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 4th + main
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 4th + main
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Hazel Mae Hanaley

5. Date of Birth of Child (Month, day, year) April 6 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hanaley
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Utica (City or town) New York (State or foreign country)
14. Exact Occupation
15. Industry or Business Hotel Keeper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Louise Raymes
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Red Bluff (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Yolo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 53 years, and that Dr Blake (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Louise Hanaley Signature
R.R. Box 2705 Sacramento Blvd P. O. Address

Notary Public in and for the County of Yolo, State of California.
My commission expires March 20, 1944.

Subscribed and sworn to before me this 31st day of August 1942

(SEAL) Cecilia T. Lowe Notary Public, residing at West Sacramento

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 3 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-27-035-313

355521

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nesperice (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Was born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nesperice
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Minnie Harris

5. Date of Birth of Child Dec. 17, 1889 (Month, day, year)

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Byron Alexandar Harris
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Jane Calvert
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Davis County Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 52 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Bowman Signature
993 Geneva San Bruno Calif. P.O. Address

Subscribed and sworn to before me this 2nd day of September, 1942.
(SEAL) Nina C. Fulham Notary Public, residing at San Francisco California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Maud Hallier, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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523 111029-532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355803
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 810 E. 8th St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 810 E. 8th St.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Earle G. Estes.

5. Date of Birth of Child (Month, day, year) May, 11, 1889

6. Sex boys

7. Twin or Triplet Twins If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Karr Estes.
11. Color or Race White.
12. Age at time of THIS birth 46 yrs.
13. Birthplace Lawrence county, Arkansas. (City or town) (State or foreign country)
14. Exact Occupation Painter.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Goodwin Estes
17. Color or Race White.
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lewisburg, Tennesee. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for all his life years, and that Dr. W. R. Blake (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. Belle Carsson Signature

503 Spotswood St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of Sept. 1942

(SEAL) Lawrence E. Huff Notary Public, residing at Moscow, Idaho

Notary Public in the State of Idaho
My Commission Expires Dec. 19, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245 710029 566

United States
Department of Commerce
Bureau of the Census

SEP 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355857
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City PALOUSE CITY WASH
(c) Street Address or R.F.D. No. Rt. mail from Palouse City Wash
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City FARM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 months ~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EDWARD FRED KUEHN

5. Date of Birth of Child (Month, day, year) JULY 10TH 1889

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME KARL KUEHN
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace GERMANY (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HANNAH NOWAK
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace GERMANY (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 53 years, and that Midwife (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Kuehn Signature
1913 So 51st Ave Cicero Ill. P. O. Address

Subscribed and sworn to before me this 8 day of September, 1942

(SEAL) Peter J. Brinkmann Notary Public, residing at Chicago, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 14 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-223029-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. 9 mo yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Myrtle Minnie Brown

5. Date of Birth of Child (Month, day, year) Dec. 23, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Brown
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Edinburgh (City or town) Scotland (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Eva Hobson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Waupaca (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 52½ years, and that Dr. Cox (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ford Brown
Signature

4037 Latona Ave Seattle-Wn
P. O. Address

Subscribed and sworn to before me this 10th day of September, 1942

(SEAL) A. S. Dagnett
Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

SEP 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355937
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sova Turner

5. Date of Birth of Child (Month, day, year) March 16 1889

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Turner
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Fayette County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Ann Fortune
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Fayette County, ~~Illinois~~ Illinois (City or town) (State or foreign country)
20. Exact Occupation Nurse, wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 53 years, and that Dr. Franz (First name) ..... (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Turner
Signature

2555 West Blve Los Angeles Cal.
P. O. Address

Subscribed and sworn to before me this 8 day of September, 19 42.
My Commission Expires January 7, 1945
(SEAL) A H Greenkesen Notary Public, residing at 5114 W. Adams Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 14 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. none at that time
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: at her own home
In Hosp. or Mat. Home ____ days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. none at that time
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Moscow Idaho

3. RESIDENCE of FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD John Bartley Gillam

5. Date of Birth (Month, day, year) Sept. 30, 1889.

6. Sex Male

7. Twin or Triplet one child only — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John McGhee Gillam
11. Color or Race White
12. Age at time of THIS birth 41 8/12 yrs.
13. Birthplace Rushville Schuyler County Illinois (City or town) (State or foreign country)
14. Exact Occupation Painting and Paper Hanging
15. Industry or Business Contracting

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Virginia Berry
17 Color or Race White
18. Age at time of THIS birth don't know 35 to 38 yrs.
19. Birthplace Bernadotte Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know. Probably none.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Kansas
County of Montgomery } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Amos C. Gillam, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Bartley Gillam (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. W. Watkins (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Amos C. Gillam — Signature
R.2 Box 101 Coffeyville Kas. — P. O. Address

Subscribed and sworn to before me on this 10 day of September, 1942

(SEAL) Robt E. Ivore — Notary Public, residing at Coffeyville Kansas

My Commission Expires Jan. 28, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-103029 389

357176

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Viola Idaho

4. FULL NAME OF CHILD Silas Carl Poe

5. Date of Birth of Child (Month, day, year) Jan 3, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Preston Thatcher Poe
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace St Joseph (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Sophronia Childers
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Yellowstone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 52 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orville Poe — Signature
RR 3, Billings, Mont. — P. O. Address

Subscribed and sworn to before me this 15th day of July 1942

(SEAL) — Notary Public residing at Billings, Montana

O. M. JORGENSON
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission expires December 10, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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357344

United States
Department of Commerce
Bureau of the Census

SEP 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Houston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Houston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Houston

4. FULL NAME OF CHILD James Albert Gill

5. Date of Birth of Child (Month, day, year) Oct. 13, 188[illegible]

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Gill
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Stage Driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Olsen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bleking, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 52 years, and that unknown (First name) (Last name), who attended this birth has deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Pearl P Phillips Signature

856 East 6th So Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 15th day of September, 1942.

(SEAL) William Stars Baldwin Notary Public, residing at San Pedro Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Dec. 16, 1943

Received for filing on SEP 25 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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357396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No. No number
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No. No street
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Hamilton Hunt Swift

5. Date of Birth of Child (Month, day, year) Aug. 12, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace Lincoln Swift
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Moline, Illinois (City or town) (State or foreign country)
14. Exact Occupation U.S. Postal Service
15. Industry or Business As above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vinnie Dee Dollarhide
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Sacramento California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Horace Lincoln Swift (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for always years, and that Caroline Dollarhide (First name) (Last name), who attended this birth Grandmother now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Horace Lincoln Swift Signature

My Commission Expires March 19, 1946

2215 West Sixth Street, L.A. Calif. Address

Subscribed and sworn to before me this 23 day of September, 19 42

(SEAL) Nellie Doyle Notary Public, residing at 624 So. Alvarado L.A. Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mabel F. Gilbert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 117-001-363

357437

357437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

Oct 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Payette
(c) Street Address or R.F.D. No. Washoe Bottoms
(d) Name of Hospital or Maternity Home: XXXXX
(e) Mother's stay **BEFORE** delivery: IN **THIS** county xx years 7 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7mo. 6da yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida

4. FULL NAME OF CHILD Jesse David Watson

5. Date of Birth of Child (Month, day, year) Mch 17, 1889

6. Sex male

7. Twin or Triplet xx If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Watson
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Hamilton, (City or town) Ontario, Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Antoinette Rebecca Locke
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Palo Pinto (City or town) Texas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Marguerite W. Taylor (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature XXXXXXX Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 53 years, and that Mrs Jane (First name) Lydston (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marguerite Watson Taylor Signature

Weiser, Idaho RFD#2 P. O. Address

Subscribed and sworn to before me this 14th day of February, 1947.

(SEAL) W.A. Rinum Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [redacted] by Maurl F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319 216 016 559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 1 1942

State File No. 357593
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rock Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ! yrs.

3. RESIDENCE OF FATHER (city, state) Rock Creek Ida

4. FULL NAME OF CHILD Katherine Marie Larsen

5. Date of Birth of Child (Month, day, year) Nov 16 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lars Larsen Jr.
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Katherine Neilson
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 7 — A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Hannah Peterson (First name) (Last name) who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 52 years, and that Mrs Lawrence Hansen (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Peterson Signature
Hansen Idaho. R#2 P. O. Address

Subscribed and sworn to before me this 21 day of Sept 1942 My Commission Expires March 1, 1945
(SEAL) Clifford S. Freel Notary Public, residing at Twin Falls Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Mark T. Reed, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

153-127-035-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357831
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City —
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City —
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD William Paul Anthony

5. Date of Birth of Child (Month, day, year) Oct. 27, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Paul Stuart Anthony
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hudson (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Elsie Wright
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 52 years, and that Dr. Wm Cox (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Elsie Wright Anthony
Signature
Kirkland Wash R3 B27
P. O. Address

Subscribed and sworn to before me this 6th day of October, 1942

(SEAL) Bertha M Haeble Notary Public, residing at Kirkland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-206-022-814

357990

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? three yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Polly Estella Belnap

5. Date of Birth of Child (Month, day, year) June 6, 1889.

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ruben Belnap
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ogden, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucene V. Hammon
17. Color or Race White
18. Age at time of THIS birth 36½ yrs.
19. Birthplace Uintah, Utah. (City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 53 years, and that Mrs. (First name) Polly (Last name) Hammon, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. T. Kreseman Signature

St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL) Alice Nichols Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 12 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-223-003-294

358062

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland, Idaho

4. FULL NAME OF CHILD Mary Elizabeth Forman

5. Date of Birth of Child (Month, day, year) July 23-1889

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Forman
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Kirkham
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Lehi, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY that I was a relative by marriage of this child, who was Alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign Relative by in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Marriage (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for life years, and that Mrs. Walton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Corey Albert Rino Signature
383 West 14th Street, San Pedro, California P. O. Address

Subscribed and sworn to before me this 10th day of October, 1942

(SEAL) Mary A. Griffith Notary Public, residing at 8733 Vermont Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date [illegible] 191, 1911 Session Laws, has not been recorded, or in case of [illegible] report any birth which has occurred subsequent to such [illegible] report may be received and filed by the local registrar for [illegible] the Bureau of Vital Statistics for the purposes and [illegible] Chapter 2, Title 39, Idaho Code Annotated, when such re[illegible] panied by a certificate of the attending physician or m[illegible] Affidavits of the father or mother of the child, or if neith[illegible] mother of the child is living or accessible, of the nearest [illegible] guardian, or some person having direct knowledge in the premises.

418-214-045-696

358163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Broadford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2. years 6. months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Broadford.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) same.

4. FULL NAME OF CHILD Florence May.

5. Date of Birth of Child (Month, day, year) Aug. 14th 1889.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Richard May.
11. Color or Race white 12. Age at time of THIS birth 28. yrs.
13. Birthplace St. Blazey England. (City or town) (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Irwin.
17. Color or Race White 18. Age at time of THIS birth 20. yrs.
19. Birthplace Chesterfield England. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 73. years of age, that I have known this person for ..... years, and that Dr. Wheeler. (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie May. Signature

My Commission Expires May 11, 1946 1001 N. Muriel Ave. Compton Calif. P. O. Address

Subscribed and sworn to before me this 14th day of October 1948.

(SEAL) Thos C Neumann Notary Public, residing at Compton Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel M. Peters, Registrar.

OCT 16 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-112-029-818

358170

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Latah..... (b) City....Moscow.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....privite home.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county I years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..Idaho ri..... (b) County..Latah r.....
(c) City ..Moscow.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....threa yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD.....Robert.....Eli.....Childress.....

5. Date of Birth of Child (Month, day, year).....2../..12../..1889.

6. Sex Male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME...Creed....Taylor....Childress.....
11. Color or Race.....white..... **12.** Age at time of THIS birth.....39...yrs.
13. Birthplace.....Alabama.....U.S.A.....
(City or town) (State or foreign country)
14. Exact Occupation ....contractor.....
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Victora Haynes.....
17. Color or Race.....white..... **18.** Age at time of THIS birth....21.....yrs.
19. Birthplace.....Gasconade County Missouri.....
(City or town) (State or foreign country)
20. Exact Occupation ....House wife.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...2..... (b) Born alive and now living...4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....Missouri.....
County of.....Webster.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....75.....years of age, that I have known this person for...fifty...three years, and that Dr...John....Watkins.....(First name) (Last name), who attended this birth.....is now deceased.....(Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ow. W. V. Childress
.....Signature

Marshfield Missouri
.....P. O. Address

Subscribed and sworn to before me this....3.....day of.....April....., 19..42

(SEAL) Clem C. Ekerson
.....Notary Public, residing at...Marshfield Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires 5/5/45

Received for filing on.....OCT 16 1942.....by.....Mabel Hyde.....Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-112-044-863

359262

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Cambridge Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frank Purjue

5. Date of Birth (Month, day year) July 12-1889

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank N Purjue
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marsha Halverson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ira Purjue, being first duly sworn, say that I am older Brother (Related to (or) acquainted with) of Frank Purjue (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Kate Smith (Name of attendant at birth), who attended said birth is now diseased (If now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ira Purjue Signature
Rt 1 Sunnyside, Washington P. O. Address

Subscribed and sworn to before me on this 16 day of Oct, 19 42

(SEAL) L. L. Stone Notary Public, residing at Sunnyside Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-214-045-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359264
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturs (b) City American Falls
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturs
(c) City American Falls
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Ida

4. FULL NAME OF CHILD Alta May Norton

5. Date of Birth of Child (Month, day, year) Mar. 14, 1889

6. Sex Female 7. Twin or Triplet sinlge If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Andrew Norton
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Colevilla, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annette A. Lish
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Huntsville, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for life (53) years, and that Abigail Willaims (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annette A. (Norton) Lewis Signature
144 No. 3 East, Brigham City, Utah P. O. Address

May 12, 1942

Subscribed and sworn to before me this 14 day of May, 19 42

(SEAL) J. Edwin Bond Notary Public, residing at Brigham City, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on ..... by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-218-106-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359635
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Iopeau
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Iopeau
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Echo L Stauffer

5. Date of Birth of Child (Month, day, year) Oct 17, 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Henry Stauffer
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Ann Jones
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 69 years, and that Dr Thos E. Wilson (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore John Stauffer X Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of October, 1942

(SEAL) Notary Public, residing at

Residing at Rigby, Idaho
My Commission Expires Feb. 5, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 30 1942 by Mabel Geddes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-125-006-354

359638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 5 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD George Russel Sawey

5. Date of Birth of Child (Month, day, year) 3 mo 25 day 1889

6. Sex male

Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Albert Sawey
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Mathilda Lemmon
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that Christina (First name) Waltz (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nick Sommer — Signature
Rexburg, Idaho — P. O. Address

Subscribed and sworn to before me this 20 day of October 1942

(SEAL) F. M. Smith — Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-104-029-493

359653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Lewis Edward Hall

5. Date of Birth of Child (Month, day, year) July 4, 1889

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Edward Hall
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Buena Vista (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Miller
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rinard (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that Dr. W. W. Watkins (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Hall Signature

Moscow Idaho P. O. Address

Subscribed and sworn to before me this 6 day of October, 1942

(SEAL) W. S. Armor Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mabel Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-204-004-713

359957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 70 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jennie Eliza French

5. Date of Birth of Child (Month, day, year) Nov. 4 - 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Lee French.
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Brooklyn (City or town) N.Y. (State or foreign country)
14. Exact Occupation Attorney.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Galloway
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Devonshire (City or town) Eng. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 52 years, and that ..... (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ellen D. Feilberg Signature
10 E. Ocean Long Beach P.O. Address

Subscribed and sworn to before me this 5 day of November, 1942

(SEAL) Mary H. Demmel Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Oct. 23, 1943

Received for filing on NOV 10 1942 by Mabel Heilman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 118029 818

United States
Department of Commerce
Bureau of the Census

NOV 10 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360022
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Chalmer Trout

5. Date of Birth of Child (Month, day, year) March 18, 1937

6. Sex MALE

7. Twin, or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Henry Trout
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Frankfort, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Glydas Hayward
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Frankfort, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Emma Trout ~~M.D.~~ Midwife Address Moscow, Idaho Date 11/4/42

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 53 years, and that the physcian (First name) jointly (Last name), who attended this birth with me, is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Trout Signature
Emma Trout
824 S. Logan, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of November, 1942

(SEAL) Lawrence E. Hutt Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mark Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-127020-234

United States
Department of Commerce
Bureau of the Census

NOV 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360177
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mtn. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mtn Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Mtn Home Ida

4. FULL NAME OF CHILD Charles Julius Burns

5. Date of Birth of Child (Month, day, year) June 27 1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carter William Burns
11. Color or Race American
12. Age at time of THIS birth 33 yrs.
13. Birthplace Jackson Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Bluett
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Walla Walla Wash. (City or town) (State or foreign country)
20. Exact Occupation lived at home
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 53 years, and that Dr William F. Smith (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Carter W Burns Signature

My Comm ex Mch 5, 1946 1110 S. Townsend Ave Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1942

(SEAL) G.E.Magoon Notary Public, residing at Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mark H. Leffler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-207-019-652

361673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay BEFORE delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. -- her life.
(e) How long has MOTHER lived in Idaho? All /~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Stella Mae Jacoby

5. Date of Birth of Child (Month, day, year) Jan. 7, 1889

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st. **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Jacoby
11. Color or Race American **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Livestock Dealer
15. Industry or Business Livestock Dealer

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara West
17. Color or Race Amer. **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Centerville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for ~~xxx~~ all her ~~years~~ life, and that (Name forgotten) (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara West Evans Signature
Conant Avenue P. O. Address

Subscribed and sworn to before me this 21st day of November, 1942.
(SEAL) [signature] Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mary [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-10-1024-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361677
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Palouse
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) 12 yrs.

4. FULL NAME OF CHILD Walter Curtis Lazelle

5. Date of Birth of Child (Month, day, year) Jan. 1, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Wilson Lazelle
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cattaraugus County, New York (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Ann McLam
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt River, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1:00 a.m. on the date and at the place stated above, and that personal particulars were furnished by Ruby (First name) Ann Lazelle (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 53 years, and that H. O. Williams (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ruby Ann Lazelle — Signature

Palouse, Washington — P. O. Address

Subscribed and sworn to before me this 20th day of November, 19 42

(SEAL) W K Harper — Notary Public, residing at Palouse, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mary Helfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-210-029-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City Moscow
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, IDA.

4. FULL NAME OF CHILD NELLIE ANDERSON

5. Date of Birth of Child (Month, day, year) Oct. 10, 1889

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JENS ANDERSON
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace LAMDRUP (City or town), DEN MARK (State or foreign country)
14. Exact Occupation WOOD WORKER
15. Industry or Business WAGON MAKER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PHOEBE JANE DAVIS
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace LAFAYETTE CO. (City or town), MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living THREE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 49 years, and that Dr. W. W. WATKINS (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(MRS. S. P.) Clara Ransom Davis Signature

627 S. JEFFERSON St., Moscow, IDAHO P. O. Address

Subscribed and sworn to before me this 24 day of November, 1942

(SEAL) C. W. Schroeder Notary Public, residing at Moscow.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel H. Gilbert, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-104-006-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361751
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Leonal John Wilkinson

5. Date of Birth of Child (Month, day, year) June 24, 1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin John Wilkinson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace New York City (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Mary Donegan
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace London, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Kay } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 53 years, and that Dr. G. W. Pendleton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Wilkinson Hare Signature

122 North Second, Blackwell, Oklahoma P. O. Address

Subscribed and sworn to before me this 19th day of November, 1942

(SEAL) Beth Post Notary Public, residing at Blackwell, Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 25, 1946

Received for filing on DEC 3 1942 by Mark H. Gladson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-111-029-752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Territory of Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3yrs. 7mos.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida

4. FULL NAME OF CHILD Albert Peter Lorang

5. Date of Birth of Child (Month, day, year) Oct. 11, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Lorang
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Johnsburg, Wisconsin, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Anna Gesellchen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mt. Calvary, Wisconsin, U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 53 years, and that Anna Marie Lorang (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Smolt — Signature
Walnut Street, Genesee, Idaho — P. O. Address

Subscribed and sworn to before me this 2nd day of December, 19 42

(SEAL) [illegible] — Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-207-029-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362152
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years -- months --- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD ESTELLA ANN DILLER [redacted]

5. Date of Birth of Child (Month, day, year) September 17 1889

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** GEORGE WASHINGTON DILLER
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Logansport, (City or town) Indiana, U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CALLIE SYRENA KITE
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. Paris, (City or town) Ohio, U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum - -

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of ARKANSAS
County of PULASKI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now x 62 years of age, that I have known this person for 49 years, and that CALLIE SYRENA DILLER (First name) (Last name) (mother), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Geo. Kite Bess Signature
2215 E. 6th St. Little Rock, Ark. P. O. Address

Subscribed and sworn to before me this 6 day of June, 1942

(SEAL) E. F. Stanley Notary Public, residing Little Rock, Ark.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mary F. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-214-029-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362162
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. none at the time
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Nettie Caroline Peterson-[redacted]

5. Date of Birth of Child (Month, day, year) July 14, 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Peterson
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nicoline Larson
17. Color or Race White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as brother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 53 years, and that Mrs. Chris Freng (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis G. Pitterson Signature
319 S. Hayes St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of December 1942

(SEAL) BESSIE BABCOCK, Ex-officio Auditor & Recorder ~~Notary Public~~, residing at Moscow, Idaho
By Rose E. Rawson, Deputy.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mavel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-202-007-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362186
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City CORRELL
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: UNKNOWN
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City CORRELL
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? UNKNOWN yrs.

3. **RESIDENCE OF FATHER** (city, state) CORRELL, IDA

4. **FULL NAME OF CHILD** FLORENCE ELENA DAVIS

5. Date of Birth of Child (Month, day, year) DEC. 2, 1889

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MARTIN L. DAVIS
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace WEST PLAINS, MISSOURI (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ELIZABETH CARTER
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace COMACHE COUNTY, TEXAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 50 years, and ~~that~~ ..... (First name) ..... (Last name), who ~~attended this birth~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate ~~above~~ are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Ellison Signature

3744 32nd St. P. O. Address

Subscribed and sworn to before me this 7 day of December, 1942

(SEAL) Willa Day Notary Public, residing at San Diego Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mark H. Leslie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-117-026-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county -- years 6 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Ida.

4. FULL NAME OF CHILD Arthur Leo Cordon

5. Date of Birth of Child (Month, day, year) July 17, 1889

6. Sex Male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Edmund Cordon
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Whitaker
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 53 years, and that Elizabeth Ann Parks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X J A Cordon Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 1942

(SEAL) Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel F. Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-126-022-249

363397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363397
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont.
(c) City Teton City.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD John Thomas Elliott

5. Date of Birth of Child (Month, day, year) 9/26/1889.

6. Sex Male **7.** Twin or Triplet - - If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Thomas Elliott
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Yorkshire, (City or town) England. (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Burkinshaw
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Yorkshire, (City or town) England. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 53 years, and that Elizabeth Elliott (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Charles Elliott Signature

Oakley, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 42.

(SEAL) E. G. Larson Notary Public, residing at
Notary Public for the State of Idaho
Residing at Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

AUG 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-230-004-3Up

363475

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Liberty Ida.

4. FULL NAME OF CHILD Maude Crouch

5. Date of Birth of Child (Month, day, year) Oct. 30-1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ebenezer Crouch
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business sheepman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Loomer
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Farmington Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for Life years, and that Mary Feyman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winifred C. Burdge Signature

4340 Dilling St. L.A. Cal. P. O. Address

Subscribed and sworn to before me this 7th day of December, 19 4 1

(SEAL) Cecil Crico My Commission Expires Feb. 24, 1945 Notary Public, residing at Los Angeles Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel B. Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251-109-023-238

363486

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County GEM (b) City OLA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County GEM
(c) City OLA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) OLA, IDAHO

4. FULL NAME OF CHILD EVERETT EARL BEAIL

5. Date of Birth of Child (Month, day, year) APRIL 9, 1889

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** WILLIAM J. BEAIL
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace MERCER COUNTY, ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARRIE SCHAUMLEFFEL
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace ST CLAIRE COUNTY, ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON
County of KITITAS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 53 years, and that SOPHIA BEAIL (First name) (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Beail Signature

BOX 143 - THORP - WASHINGTON P. O. Address

Subscribed and sworn to before me this 22 day of DECEMBER, 1947

(SEAL) Jack Brain Notary Public, residing at

CLERK OF THE SUPERIOR COURT
KITITAS COUNTY, WASHINGTON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

Received for filing on DEC 28 1947 by Mabel Kelley, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-107029-386

363531

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lester E. Taber

5. Date of Birth of Child (Month, day, year) August 7, 1889

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James M. Taber
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lynn County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer - School Teacher
15. Industry or Business as indicated

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Thomas
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business as indicated

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 53 years, and that Mrs. Beman, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Addie Lewerin Signature

Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of December, 1942

(SEAL) Notary Public, residing at Lapwai, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-13/006-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363546
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Willow Creek
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Home on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Willow Creek 14 Mi. NE of Eagle Rock, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Leslie Alma Newman

5. Date of Birth of Child (Month, day, year) 12/31/1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alma Newman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Peoa (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Nielsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 53 years, and that the midwife, Mrs. Sessions (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. E. Crowley
Signature

Box 366, Ontario, California
P. O. Address

Subscribed and sworn to before me this 26th day of December, 1942

(SEAL) Ralph M. Myers Notary Public, residing at Ontario, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mark H. Gulson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

921 112035 958

United States
Department of Commerce
Bureau of the Census NOV 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363627
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 11 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harry Franklin Isaman

5. Date of Birth of Child (Month, day, year) Nov. 12, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samual George Isaman
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Penn. (City or town) (State or foreign country)
14. Exact Occupation druggist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Reynolds
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Stevens } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 53 years, and that Dr. Chas. W. Schaaf (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. R. Isaman. Signature

..... P. O. Address

Subscribed and sworn to before me this 21 day of December, 1942

(SEAL) Alice Jones Notary Public, residing at Shewelah Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1943 by Mary E. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-118 044559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363647**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Loyola Hollenbeak

5. Date of Birth of Child (Month, day, year) Feb 18 1889

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Thomas Hollenbeak
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Dewaine (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Belle Vestal
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Chico (City or town) Calif (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born~~ alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary B Hollenbeck (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 53 years, and that John Thomas Hollenbeck (First name) (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B Hollenbeck Signature
Pierpoint Idaho P. O. Address

Subscribed and sworn to before me this 31 day of December, 1942.
(SEAL) John H Clay Notary Public, residing at Pierpoint Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by John H Clay, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-112025-966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363706
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: About 10 years
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? About 10 years yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood, Ida

4. FULL NAME OF CHILD Lewis Rooke Jones

5. Date of Birth of Child (Month, day, year) May 12, 1889

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Asa Jones
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Maquam, Illinois. (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Raising cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Margaret Rooke
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Near Charleston, West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for always years, and that Dr. Turner (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Albert Jones Signature

Grangeville, Ida. P. O. Address

Subscribed and sworn to before me this 4 day of January, 1948

(SEAL) E. B. Bangs Notary Public, residing at Grangeville - Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Hedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-106-004-295 363748

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363748
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris Liberty
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state) —

4. FULL NAME OF CHILD Edgar Thomas Burns

5. Date of Birth of Child (Month, day, year) 2/6/89

6. Sex M **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME James Fredrick Burns
11. Color or Race White **12.** Age at time of THIS birth — yrs.
13. Birthplace Sussex (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Minnella King
17. Color or Race White **18.** Age at time of THIS birth — yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That ~~I attended~~ the birth of this child, who was Could not Living (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 52 years, and that Mary Hymas (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas E. King Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 4 day of January, 1943.
(SEAL) Geri Allard Notary Public, residing at Montpelier Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1943 by Paul F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 207 001 235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN - 9 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363856
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fannie Bessie Thornton

5. Date of Birth of Child (Month, day, year) Feb. 7, 1889

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archibald Thistle Thornton
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Warrensburg, Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Clementine Steel
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 59 years, and that the doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Ash — Signature

1424 Franklin, Boise, Idaho. — P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 43

(SEAL) Margaret Bell — Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission expires March 20, 1946

Received for filing on JAN - 9 1943 by Mark Heiser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764 213015-439

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 363943

1. PLACE OF BIRTH
County of Caribou County
~~City of~~ John Grey's Lake
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nora Irene Godfrey

3. Sex Female

If plural births: 4. Twin, triplet, or other Not; 5. Number, in order of birth Plural

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 13, ~~193~~ 1889 (Month, Day, Year)

FATHER

9. Full name David R. Godfrey

10. Residence (usual place of abode) John Grey's Lake (If non-resident, give place and State) ~~Logan, Utah~~ Idaho

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) ~~Logan~~ No. Ogden (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work Currently 19..

17. Total time (years) spent in this work Forty [illegible]

MOTHER

18. Full maiden name Louretta McIntire

19. Residence (usual place of abode) John Grey's Lake (If non-resident, give place and State) ~~Trenton, Utah~~

20. Color or race White 21. Age at last birthday 21 (years)

22. Birthplace (city or place) ~~Trenton~~ (State or Country) No. Ogden, Utah

OCCUPATION

23. Trade, profession, or particular kind ~~of work done, as housekeeper,~~ typist, nurse, clerk, etc. House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Currently 19..

26. Total time (years) spent in this work 24 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
First child
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed JAN 12 1948, 193.. Mabel Y. Lefler

Registrar.

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of BONNEVILLE } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

David R. Godfrey being first duly sworn says that he is the Father (Relationship of child)* of Nora Irene Godfrey born July 13, 1889 (Date of birth) at John Grey's Lake, Caribou County Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Nora Irene Godfrey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Sibbett [redacted] was the Midwife medical attendant at the birth of said Nora Irene Godfrey and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant D R Godfrey
P. O. Address Idaho Falls, Idaho

Subscribed and sworn to before me this 25 day of August, 1939

W L Bledsoe
CLERK OF THE DISTRICT COURT ~~Notary Public~~

Residing at Idaho Falls, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

415-104036-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363966
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Chesterfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In her own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Chesterfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Chesterfield Ida

4. FULL NAME OF CHILD Emery Willard Davida

5. Date of Birth of Child (Month, day, year) 7-4-1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Henry Davida
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace (City or town) Do not know (State or foreign country) Vermont
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Call
17. Color or Race Indian
18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) Fillmore (State or foreign country) Utah
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 53 years, and that Christina Higginson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. G. Davids Signature
Chesterfield Ida P. O. Address

Subscribed and sworn to before me this 11 day of January, 1943.

(SEAL) Charles W. Shanklin Notary Public, residing at Bancroft
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-130044 113

364021

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Charles Dewey Jones

5. Date of Birth of Child (Month, day, year) June 30th 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James David Jones
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Jackson
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washgton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all his life years, and that Dr Joe Numbers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Jones Signature

Weiser, Idaho. P. O. Address

Subscribed and sworn to before me this 22d day of anuary, 19 43

(SEAL) F. Floyd Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mary E. Lehman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 119 029-665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364059
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EARL ROY HICKS

5. Date of Birth of Child (Month, day, year) MAY 19 1889

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAKE HICKS
11. Color or Race WHITE 12. Age at time of THIS birth 31 yrs.
13. Birthplace KANSAS CITY KANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMILY ANN OWENS
17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
19. Birthplace HELENA MONTANA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 53 years, and that Mrs. Hall (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C Tagard Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of January, 1943

(SEAL) Notary Public, residing at Bruneau Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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847-207036-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364190
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 20 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria Idaho

4. FULL NAME OF CHILD Mary Ann Hughes

5. Date of Birth of Child (Month, day, year) March 7th 1889

6. Sex girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME Lewis Hughes
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Mynyther Glamorganshire South Wales (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Davis
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation House keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 53 years, and that Margaret F. Hawkins (First name) (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Davis Signature
Idaho Falls, Idaho 130 Mayer P. O. Address

Subscribed and sworn to before me this 11th day of January, 1943

(SEAL) [illegible] Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.) By Lulu Foley Deputy

Received for filing on JAN 20 1943 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-218016-543

365385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365385
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Ida.

4. FULL NAME OF CHILD Lois Marietta Holcomb

5. Date of Birth of Child (Month, day, year) Dec. 18-1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Gwin Holcomb
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Claybourne Parish (City or town) Louisiana (State or foreign country)
14. Exact Occupation
15. Industry or Business cattle raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Marietta Nutt
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Monmouth (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~aun~~ed friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for about 53 years, and that Dr. R. T. Storey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum L. Lewis — Signature
Declo, Idaho — P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942
(SEAL) Emma G. Day — Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1943 by Maud E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-205-003-554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365499
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Wauconza
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Wauconza
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rebecca Zemp

5. Date of Birth of Child (Month, day, year) Jan 5, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Peter Zemp
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Lucerne (City or town) Switzerland (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Neuhaus
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Berne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 ~~(b) Born alive and now living~~ 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 50 years, and that Katherine Kunz (Midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leah Zemp Kralmbule Signature

Logan, Utah P. O. Address

8/2/44

Subscribed and sworn to before me this 7th day of January, 1943

(SEAL) J. R. Leffler Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 1 1943 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 113 036 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365592
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Four yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Harley Greaves

5. Date of Birth of Child (Month, day, year) July 13, 1889

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Cluley Greaves
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant and Banker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Althea Card
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 54 years, and that Mrs Joshua Hawkes (First name) (Last name), who attended this birth is deceased (is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Althea C Greaves Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 1943

(SEAL) Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

761-128-036-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365842
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Franklin.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Earl Parkinson Goaslind

5. Date of Birth of Child (Month, day, year) Apr. 28 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles David Goaslind
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Chandler Parkinson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12:10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Charles (First name) David Goaslind (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 54 years, and that Mary Hawks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Charles David Goaslind Signature

463 6th Ave Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1943

(SEAL) A. Carlson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mary Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236130007847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365884
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Ketchum, Idaho

4. FULL NAME OF CHILD Walter Logan Stover

5. Date of Birth of Child (Month, day, year) July 30, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Adison Stover
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grant County Indiana (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Bell Hughes
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Spencer, County, Indiana (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 50 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. W. Comstock ..... Signature
Brownings Oregon ..... P. O. Address

Subscribed and sworn to before me this 8th day of February, 1943
(SEAL) Frank B. Barrett ..... Notary Public, residing at Brownings Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1943 by Mabel E. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-231-006-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365913
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No. 374 Basalt St.
(d) Name of Hospital or Maternity Home: at home Residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham.
(c) City Eagle Rock
(d) Street Address or R.F.D. No. 374 Basalt St.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) 374 Basalt St.

4. FULL NAME OF CHILD Ella B. Burgess

5. Date of Birth of Child (Month, day, year) Jan. 31-1889.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles W. Burgess
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Building Contractor.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Simpson
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Kirk - Caldy Scotland (City or town) (State or foreign country)
20. Exact Occupation House - wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs R. Chandson M.D. Midwife Address now deceased. Date

State of California
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Gordon Signature
1728 Florida St. R.B. P. O. Address

Subscribed and sworn to before me this 12 day of February, 1943.
My Commission Expires Oct. 2, 1943
(SEAL) [illegible] Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-22-029-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366058
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Daisy Pearl Smith

5. Date of Birth of Child (Month, day, year) July 25, 1889

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Aaron Tuttle Smith
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Eunice Moore
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71½ years of age, that I have known this person for 53 years, and that mid-wife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hannah Eunice Smith Signature

Newberg, Oregon P. O. Address

Subscribed and sworn to before me this 11th day of February, 19 43

(SEAL) Cecil F. Hinshaw Notary Public, residing at Newberg, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated) My commission exp. 4/6/46

Received for filing on FEB 20 1943 by Mabel F. Kelly, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-108036-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Onida (b) City: Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Onida
(c) City: Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Ida.

4. FULL NAME OF CHILD BENJAMIN LANDING KENT

5. Date of Birth of Child (Month, day, year) Jan. 8, 1889

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GEORGE WASHINGTON KENT
11. Color or Race white
12. Age at time of THIS birth 57 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Adlia Doty
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business in home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maud Wilson (First name) (Last name), who is related to this child as half sister (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address -- Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 54 years, and that Mrs. Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witnesses to mark

MAUD WILSON HER X MARK Signature

Lorraine Larsen Edith Clay

East Idaho Street, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1943

(SEAL) Edith Clay Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Maurel F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

JUN 23 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

48001-249 367-5

Unit States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367245
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County: Ada (b) City: Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State: Idaho (b) County: Ada
(c) City: Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Pearl Sailor

5. Date of Birth of Child (Month, day, year) Dec. 18 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Sailor
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation ~~Deceased~~ Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Smith
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nashville (City or town) Tennessee (State or foreign country)
20. Exact Occupation ~~Deceased~~ Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 47 years, and that George (First name) Collister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ben Sailor Signature
212 Lincoln St. Boise, Ida. P. O. Address

Subscribed and sworn to before me this 12th day of March, 1943

(SEAL) Leo Becker Notary Public, residing at Boise, Idaho
Residence, Boise, Idaho
My commission expires Aug. 1, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Maurl F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-210 001-693

367281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367281
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City near Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City near Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lizzie Lena Everett

5. Date of Birth of Child (Month, day, year) July 10 - 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Phelps Everett
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Wilson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 53 years, and that Dr. Hall (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Pauline Everett Eastman Signature
1600 N. 8th Boise, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614 227028-793

367405

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum

4. FULL NAME OF CHILD Nora Waddell

5. Date of Birth of Child (Month, day, year) July 27. 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Vollie Waddell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mountain View. Missouri (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Gill
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Decatureville. Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho.
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 53 years, and that Dr Frank Wenz (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Gleason Signature

Rathdrum. Idaho. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1943

(SEAL) NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT RATHDRUM, IDAHO MY COMMISSION EXPIRES

Notary Public, residing at Rathdrum. Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 205001-664

367442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Mountain Home

4. FULL NAME OF CHILD Louraine Ross

5. Date of Birth of Child (Month, day, year) Feb. 5, 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Fremont Ross
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Madison (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Eldora Fountain
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Joplin (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 54 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Martha E. Hall Signature
Glens Ferry, Idaho, P. O. Address

Subscribed and sworn to before me this 24th day of February, 1943

(SEAL) Lillian W. Evans Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-120-037-817

367613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? deceased yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** James Thomas Daly

5. Date of Birth of Child (Month, day, year) June 20, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy -9-

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Daly
11. Color or Race White
12. Age at time of THIS birth -about 39- yrs.
13. Birthplace Ennis (City or town) Ireland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hagen
17. Color or Race White
18. Age at time of THIS birth -about 38- yrs.
19. Birthplace Langford (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child -3- (b) Born alive and now living 3 born alive & 2- living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am a cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -p60- years of age, that I have known this person for --53-- years, and that Dr. Belknap (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. O. Lemon
Signature

Nampa, Idaho
P. O. Address

Subscribed and sworn to before me this --6th day of March, 1943

(SEAL) W. O. Lemon Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 1943 by Maud F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6 81-227.028-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367778
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Ft. Sherman Army Post
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Ft. Sherman
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alice O'Hara

5. Date of Birth of Child (Month, day, year) April 27, 1889

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William O'Hara
11. Color or Race white **12.** Age at time of THIS birth yrs.
13. Birthplace Susquahana (City or town), Pennsylvania (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Tailoring

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Morgan Scanlon
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace Brooklyn (City or town), New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 53 years, and that Catherine Robertson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Robertson Signature
S. 14 Wall Street P. O. Address

Subscribed and sworn to before me this 9th day of March, 1943

(SEAL) M B Bischell Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Maurl F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-216-004-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 369078
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Lydia Amelia Herrick

5. Date of Birth of Child (Month, day, year) 8-16-1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Austin Egbert Herrick
11. Color or Race White 12. Age at time of THIS birth 56 yrs.
13. Birthplace New York (City or town) Ony (State or foreign country)
14. Exact Occupation R.R. Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bintha P.P. Porter
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Porterville (City or town) Morgan Co. Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of ALAMEDA } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 53 years, and that NEW. MARRY. LARSEN (First name) (Last name), who attended this birth DEAD (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Jerome Simpson Signature
3732-35 Ave. Oakland P.O. Address

Subscribed and sworn to before me this 22nd day of March, 1943. Cal. Oakland

(SEAL) Grace S. Rhoades, Notary Public, residing at 3921-Mason Ave Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1943 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-205-006-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369093
Local Reg. No.
Reg. Dist. No.

MAR 23 1943

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City LaBelle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City LaBelle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME OF CHILD Grace Scott Morgan

5. Date of Birth of Child (Month, day, year) Nov. 5 - 1889

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Gillett Morgan
11. Color or Race American **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Millcreek (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Maria Scott
17. Color or Race White American **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Mill creek (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Hannah (First name) M. Morgan (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 yrs years of age, that I have known this person for Since birth years, and that Elizabeth (First name) Bowcutt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Maria Morgan Signature
P. O. Address

Subscribed and sworn to before me this 26th day of February, 1943
(SEAL) Edward T. Clark Notary Public, residing at San Gabriel Calif.
My Commission Expires April 26, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 23 1943 by Mabel Hedeen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-226-036-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

3/9/185

State File 369185
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Eligabeth Jones

5. Date of Birth of Child (Month, day, year) Aug. 26-1889.

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Jones
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Cardinghire (City or town) Wales (State or foreign country)
14. Exact Occupation Stationery Engr. R.R.Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jones
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Mt. ash (City or town) Wales (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 53 years, and that Dr. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W H Jones Signature

Malad Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 1943.

(SEAL) Alyce Warner, Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-223-020-566

369x36

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369236
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Pine, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Pine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pine, Idaho

4. **FULL NAME OF CHILD** Myrtle Johnson

5. Date of Birth of Child (Month, day, year) Aug 23, 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Nelson Johnson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Joplin, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Caroline Howard
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Martinsville, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty-seven years of age, that I have known this person for Fifty-three years, and that Eliza (First name) M. Howard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William P. Johnson, Signature
Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of May, 1943.

(SEAL) C. E. Morell, Notary Public, residing at Mtn. Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 - 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-217-035-951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369240
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City On farm
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City On farm
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 — — yrs.

3. **RESIDENCE OF FATHER** (city, state) on farm, Idaho

4. **FULL NAME OF CHILD** Irene Hayward.

5. Date of Birth of Child (Month, day, year) April 17th Wed. 1889

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Hayward.
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Portville (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Angeline Kearns
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Colecamp, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Grierson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 53 years, and that Matilda Welker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Angeline Hayward Signature
5449 So. Warner St. Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1943

(SEAL) Helen Stern, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-225-016-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369476
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Cottonwood Cr
(c) Street Address or R.F.D. No. Oakley, Idaho
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 7 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Cottonwood Creek
(d) Street Address or R.F.D. No. Oakley, Idaho
(e) How long has **MOTHER** lived in Idaho? 12yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** Carrie Hansen Crockett

5. Date of Birth of Child (Month, day, year) May 25, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** John Frederick Hansen
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer- surveyor
15. Industry or Business teacher engineer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Petersen
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Stege (City or town) Denmark (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 53 years, and that Elinora Poulton (First name) (Last name), who attended this birth diseased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christean Petersen Signature
Hansen, Rt. 2, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1943

(SEAL) Curtis Thomas, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Maud L. Sager, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-204-014-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369526
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 2 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Harmon, Jessie

5. Date of Birth of Child (Month, day, year) March 4-1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harmon, Jesse Lindsey
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Harness maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Reynolds, Anna Marie.
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Caldwell County ~~Idaho~~ Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife-
21. Industry or Business teacher before marriage

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California.
County of Riverside } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 54 years, and that Dr. Lee (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire ~~and~~ have this birth ~~recorded~~ under Chapter 139, 1937 Session Laws.

Mrs. Anna M. Harrison — Signature
Coachella Cal. — P. O. Address

Subscribed and sworn to before me this 5th day of April, 1943.

(SEAL) Stanley Pittman, Notary Public, residing at Coachella California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mark F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-224-047-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369629
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Logan (b) City Bellevue
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Logan
   (c) City Bellevue
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** Alberta Katherine Mc Fall

5. Date of Birth of Child (Month, day, year) April 24 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathew Mc Fall
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Hamilton (City or town) Canada (State or foreign country)
14. Exact Occupation Hotel owner
15. Industry or Business Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Campbell
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Whycocoma (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Hotel

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 55 years, and that Dr. Estell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della M. Mc Fall — Signature
Shoshone Idaho — P. O. Address

Subscribed and sworn to before me this 12th day of April, 1943

(SEAL) W. Fergusson — Notary Public, residing at Shoshone Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary F Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-283029995

370773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latch (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latch
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1+ yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Idaho

4. FULL NAME OF CHILD Iola Mae Cameron

5. Date of Birth of Child (Month, day, year) 10-3-1889

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin S. Cameron
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cass Co. (City or town) Michigan (State or foreign country)
14. Exact Occupation Coowner - Hardware Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Belle Ireland
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Berrien Co (City or town) Michigan (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 53 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bula C Malone Signature
Blackfoot Ida P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1943.
(SEAL) F. E. Vandenwood Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mavel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-210-029-493

370879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Latah (b) City: Viola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Latah
   (c) City: Viola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Viola, Idaho

4. **FULL NAME OF CHILD** Buena Riggs

5. Date of Birth of Child (Month, day, year) February 10, 1889

6. Sex: female

7. Twin or Triplet: single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John A. Riggs
11. Color or Race: white
12. Age at time of THIS birth: 41 yrs.
13. Birthplace: Indianapolis (City or town) Indiana (State or foreign country)
14. Exact Occupation: Stockman
15. Industry or Business: cattle business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Francis Dickey
17. Color or Race: white
18. Age at time of THIS birth: 29 yrs.
19. Birthplace: Corvallis (City or town), Oregon (State or foreign country)
20. Exact Occupation: housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 4 (b) Born alive and now living: 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-five years of age, that I have known this person since her birth for thirty-four years, plus and that Mrs. Angell (First name) known as "Grandma" Angell (Last name) (first name unknown), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. that I was living at home where she was born and have been in close touch with her since.

Aunt of Southern Signature

Woodenville, Washington P. O. Address

Subscribed and sworn to before me this 21st day of April, 19 43

(SEAL) Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1943 by Mark F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 113010 569

United States
Department of Commerce
Bureau of the Census

MAY 3 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370989
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ------- (b) City Eagle Rock,
   (c) ~~Street Address or R.F.D. No.~~ now Idaho Falls,
   (d) ~~Name of Hospital or Other Place~~ Territory of Idaho
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county --- years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) ~~State~~ Territory ~~or Country~~ of Idaho
   (c) City Eagle Rock, now Idaho Falls
   (d) ~~Street Address or R.F.D. No.~~ -----
   (e) How long has **MOTHER** lived in Idaho? Four yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as Mother.

4. **FULL NAME OF CHILD** Raymond Nord Taylor

5. Date of Birth of Child (Month, day, year) Mar. 13, 1889

6. Sex Male

7. Twin or --- If so—born ---
   Triplet ----- 1st, 2nd, 3rd ---

8. No. months of Pregnancy ----

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Christopher Bowers Taylor
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Springtown, (City or town) New Jersey (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business -------

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Nord
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -------

22. Name prophylactic used to prevent Ophthalmia Neonatorum -------

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-five years of age, that I have known this person for fifty-four years, and that ----- (First name) ----- (Last name), ~~who attended this birth~~ ----- (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor B. Mallory — Signature
Los Angeles, 6919 Miramonte Blvd., Calif. — P. O. Address

Subscribed and sworn to before me this 29th day of April, 1943.

(SEAL) Edward E. Rowsdon, Notary Public, residing at Los Angeles.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Nov. 24, 1943

Received for filing on MAY 4 1943 by Maurel H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-107029-255

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370997
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Cornwall
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cornwall Village
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.
(f) Mother's mailing address Peck Idaho

3. RESIDENCE of FATHER (city, state) Peck Ida.

4. FULL NAME OF CHILD William Walter West

5. Date of Birth (Month, day year) July 7 1889

6. Sex male

7. Twin, or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ellis H. West
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Virden Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Viola Keeney
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Oswego, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 4 1943 (Date received) (b) Maud Fields (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Viola West, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) William Walter West (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (do not remember name) (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Viola West Signature
Peck, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of April, 19 43

(SEAL) Mary Howard Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-202006 419

United States
Department of Commerce
Bureau of the Census

MAY 3 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371042
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mabel Alice Firth

5. Date of Birth of Child (Month, day, year) 3/2/89

6. Sex female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy X

9. Legitimate? Leg.

FATHER OF CHILD

10. **FULL NAME** Lorenzo Jacob Firth
11. Color or Race Cauc.
12. Age at time of THIS birth 38 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorcas Martin
17. Color or Race Cauc.
18. Age at time of THIS birth 30 ~~18~~ yrs.
19. Birthplace Boston, Mass. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, ~~above~~, that I am now 61 years of age, that I have known this person for 53 years, and that Dr. Behle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Birth Nelson Emma Birth Robbins Signature

Route # 1, ~~Blackfoot~~, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of January, 19 43.

(SEAL) H. William Funelunx Notary Public, residing at Bft., Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Maurel E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1948

NOV 5 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599 126-035 754

United States
Department of Commerce
Bureau of the Census

MAY 3 1949

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371043
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Cornwall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cornwall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Enos Arvid Erickson

5. Date of Birth of Child (Month, day, year) Mar. 26, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Erick Erickson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Stockholm (City or town) Sweden (State or foreign country)
14. Exact Occupation Lumbering Sawmill operator
15. Industry or Business as above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Anderson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Christiana (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 54 years, and that (name of doctor not recalled) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F. Erickson Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of April, 19 43

(SEAL) Carroll E. Brock, Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Maurl F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553 217006169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Near Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Near Idaho Falls,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Esther Jeane Nelson

5. Date of Birth of Child (Month, day, year) Jan. 17 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph J. Nelson
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeane Jordan
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Amadore California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Bingham Co. County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Jr. J. Nelson (Mother, etc.) (Father) of the person whose name appears in Item 4, above, that I am now seventy-eight years of age, that I have known this person for fifty-four years, and that Fannie Lee (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on this certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Father) J. J. Nelson Signature
543 B St Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of May, 1943

(SEAL) Fanny K. Wilson Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1943 by Maud F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618 215045249 371196

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 371196
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Atturas (b) City Soldier
   (c) Street Address or R.F.D. No. P.O. Soldier
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Atturas
   (c) City Soldier
   (d) Street Address or R.F.D. No. PO. Soldier Idaho
   (e) How long has **MOTHER** lived in Idaho? 10 2 To 1926 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier Idaho

4. **FULL NAME OF CHILD** Ethel Belle Wayte.

5. Date of Birth of Child (Month, day, year) May 15-1889

6. Sex female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ✓

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas. Henry Wayte.
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Burge
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Alameda } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 54 years, and that Mrs. Minier (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnie E. Harper — Signature

524 Glenview ave — P. O. Address

Subscribed and sworn to before me this 24 day of May 24 th, 19 43

(SEAL) Emery D. Harnden, Notary Public, residing at Oakland Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1943 by Maurel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1943.

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SOLDIER IN LOGAN CO IN 1888

843-217-019-313

372335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Near Clayton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Near Clayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clayton Ida.

4. **FULL NAME OF CHILD** Grace Opal Hutchinson

5. Date of Birth of Child (Month, day, year) Oct 17, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elias Hutchinson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Spencer (City or town) Iowa (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Etta Calkins
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Spencer (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonaforum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that Francina (First name) Calkins (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelia G. Calkins Signature
1010 W-13 st Vancouver Wn. O. Address

Subscribed and sworn to before me this 15th day of May, 1943

(SEAL) Paul Ehell, Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1943 by Maud E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-127-045-391

372461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 27 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Altmas (b) City Corral P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Altmas
(c) City Corral P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) 1889

4. FULL NAME OF CHILD Vernon Paul Baird

5. Date of Birth of Child (Month, day, year) Aug 27th 1942

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joshua H Baird
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sullivan Co. Mo. (City or town) (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida E Trader
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Butler Co. Kansas (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above that I am now 71 years of age, that I have known this person for 54 years, and that Barbara Trader (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida E MacDonald Signature
P. O. Address

Subscribed and sworn to before me this 24 day of May, 1943

(SEAL) E L Ramp Notary Public, residing at Walla Walla Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1943 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-109-025-437

United States
Department of Commerce
Bureau of the Census

JUN 1 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ✓ years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 12 Idaho

4. FULL NAME OF CHILD William Edward Carnes

5. Date of Birth of Child (Month, day, year) Oct. 9. 1899

6. Sex Male **7.** Twin or — Triplet — If so—born — 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 m **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Carnes
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Philadelphia (City or town) Penn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen McGinn
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Cottonwood (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child first child (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) ✓ (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature ✓ M.D. Midwife Address ✓ Date ✓

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 52 years, and that Dr Turner (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. L. Peelman Signature
420 - 1st Ave. Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May 1943
(SEAL) Harry H. Hall Notary Public, residing at Lewiston Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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384-217-001-395

JUN 1 1943

372537

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: ADA (b) City: BOISE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Mothers home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ✓ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: IDAHO (b) County: ADA
   (c) City: BOISE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO, 75 "

4. **FULL NAME OF CHILD** MAY THURMAN

5. Date of Birth of Child (Month, day, year) JULY 17-1889

6. Sex FEMALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAFE THURMAN
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace NOT KNOWN TO Aff't. (City or town) MISSOURI (State or foreign country)
14. Exact Occupation LIVE STOCK MAN
15. Industry or Business RAISING LIVE STOCK

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OLLIE LINDSAY
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace BOISE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at A.M. M. on the date and at the place stated above, and that personal particulars were furnished by OLLIE LINDSAY KEPPLE (First name) (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Ollie Lindsay Kepple M.D. Midwife Address 731 Coronado Ave Long Beach Calif Date May 28-1943

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 53 years, and that Do not now remember (First name) (Last name), who attended this birth cannot be located (Is now deceased / or / Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I believe the child this birth recorded under Chapter 139, 1937 Session Laws.

Ollie Lindsay Kepple
Signature

731 Coronado Ave Long Beach Calif
P. O. Address

Subscribed and sworn to before me this 28 day of May, 1943

(SEAL) W. S. Cameron, Notary Public, residing at Long Beach, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-231-230-717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 3 194

State File No. 372550
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Nicholas
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Nicholas
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Nearly 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nicholas Idaho

4. **FULL NAME OF CHILD** Mary Page Hill

5. Date of Birth of Child (Month, day, year) Aug. 31 1899

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Bugelow Hill
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Montreal (City or town) Canada (State or foreign country)
14. Exact Occupation Pharmacist & Postmaster
15. Industry or Business Owner & small Drugstore in Nicholas

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Irene Webster Page [redacted]
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Georgetown (City or town) Canada (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business Montana Rural District

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
City & County of San Francisco } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that Not known (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary F. Haviland — Signature
666 Post St — P. O. Address

Subscribed and sworn to before me this 25th day of May, 1943.

(SEAL) Clara H. Hay — NOTARY PUBLIC — Notary Public, residing at In and for the City and County of San Francisco, State of California.
My Commission Expires April 17th, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 . 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497-202-015-456

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374031
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Minnie Estella Dixon

5. Date of Birth of Child (Month, day, year) Oct. 2, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Smith Dixon Dixon
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Nodaway County, Mo (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Isabell DeWitt
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Provo City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Santa Clara } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 53 years and that Martha DeWitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maybelle Dixon Bates Signature
17 Boston Ave, San Jose, Calif P. O. Address

Subscribed and sworn to before me this 16th day of June, 1943

(SEAL) Dorothy Pool, Notary Public, residing at San Jose, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1943 by Mary F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-129 029 915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

374171

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County Latah (b) City Moscow
(c) ~~Street Address~~ or R F D No. Farm
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Latah
(c) ~~City~~ On Farm
(d) ~~Street Address or~~ R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address Lewiston Idaho

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Cecil Carl Rambo

5. Date of Birth (Month, day, year) March 29 1889

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Leonard Rambo
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Knox County (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Ann Randall
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Dewitt (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child — (b) Born alive and now living — (c) Born alive and now dead — (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 30 1943 (Date received) (b) Marvel Fielder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.) and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Randall Rambo, being first duly sworn, say that I am related to (Related to (or) acquainted with) Cecil Carl Rambo (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. L. Kelly (Name of attendant at birth), who attended said birth, Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Olive Randall Rambo Name
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of December 1946

(SEAL) Ray E. Durham Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-TS-044-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374229
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Harry Griffin
5. Date of Birth (Month, day, year) Jan 15 1889
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate yes

FATHER OF CHILD

10. FULL NAME William P Griffin
11. Color or Race White am.
12. Age at time of THIS birth 45 yrs.
13. Birthplace Philadelphia Pa. (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emm Woodland
17. Color or Race White Am.
18. Age at time of THIS birth 34 yrs.
19. Birthplace Sioux City Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 2 - 1943 (Date received) (b) Maud Hafelin (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Earl Griffin, being first duly sworn, say that I am a Relatedr (Related to (or) acquainted with) Harry Griffin (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ader (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Earl Griffin Signature
Box 254 Naches P. O. Address

Subscribed and sworn to before me on this 8th day of June, 1943

(SEAL) Albert Ekes Notary Public, residing at Naches Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951 130014 695 — 12-3-46 — 374302 — 374302

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: now Payette Co
(a) County Canyon (b) City Falls Store
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 18 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Falls Store
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ____ yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD William Harrison Edward Neal
5. Date of Birth (Month, day, year) 8-30-1889
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Harrison Neal
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Little Rock Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farm & Stockraising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Willburn
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Red Bluff California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 20-1943 (date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JESSIE E. WILLIAMS, being first duly sworn, say that I am Related To (Related to (or) acquainted with) William Harrison Edward Neal (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Brenner (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jessie E. Williams — Signature
Payette Idaho — P. O. Address

Subscribed and sworn to before me this 17 day of July 1943

(SEAL) D. Johnson — Notary Public, residing at Fruitland Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hugh Smith Gustin

5. Date of Birth of Child (Month, day, year) 3/28/1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Gustin
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nephi, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ruth Green
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Do not know Doctor's name. He is deceased. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Sierra } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 47 years, and that Grace Bailey, Salt Lake City, Utah (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Ruth Bell Signature

Loyalton, California P. O. Address

Subscribed and sworn to before me this 21st day of June, 1943

(SEAL) George L. Snyder, Notary Public, residing at Loyalton, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

811 112-040-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374362
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Myrtle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Myrtle
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Myrtle, Idaho

4. **FULL NAME OF CHILD** Harry Herman Haaser

5. Date of Birth of Child (Month, day, year) Apr. 12, 1889

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stephen Haaser
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation mining man
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Elizabeth Nance
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Humansville (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-five years of age, that I have known this person for fifty-four years, and that Dr. Pence (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Elizabeth Hendricks Signature
907 W. Park Ave. Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 1943

(SEAL) Stella Brown, Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 - 1943 by Maud F. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

48-127-004-559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375926
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At family residence.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Gammon Henry Hayward

5. Date of Birth of Child (Month, day, year) Sept. 27, 1889

6. Sex Male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Gammon Hayward
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Neibaur
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Houswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Seven(7) (b) Born alive and now living Seven(7)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 53 years, and that Midwife Mrs. Gray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. W. Hayward Signature
Logan, Utah P. O. Address

Subscribed and sworn to before me this 28 day of July, 1943

(SEAL) Annie Peterson, Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by Mark E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-228-021-519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375949
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Frankland (b) City Riverdale.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Little Loghouse By side of the road.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Frankland
   (c) City Frankland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Utah.

4. **FULL NAME OF CHILD** Bertha Tyresha Vanhoy

5. Date of Birth of Child (Month, day, year) July 28, 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Lorenzo VanHoy
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Richmond (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Tyresha Vail.
17. Color or Race White.
18. Age at time of THIS birth 20 yrs.
19. Birthplace Frankland (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Friend. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 54 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C Christian Anderson Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 7th day of August, 1943

(SEAL) Janeway, Notary Public, residing at Ogden, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by Mabel E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-224-029-751

373959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Deary
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Latah
(c) City Deary, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 Mo yrs.

3. RESIDENCE OF FATHER (city, state) Deary, Ida

4. FULL NAME OF CHILD EMMA CAROLINA DALBERG

5. Date of Birth of Child (Month, day, year) JUNE 24, 1889

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** PETER L DALBERG
11. Color or Race WHITE 12. Age at time of THIS birth 31 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY INGEBORY PEARSON
17. Color or Race WHITE 18. Age at time of THIS birth 32 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all her life years, and that Mary Bjorklund (First name) (Last name), who attended this birth is now incompetent (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewis P. Dalberg Signature

Troy Idaho Box 83. P. O. Address

Subscribed and sworn to before me this 5th day of August, 1943

(SEAL) Notary Public, residing at Troy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1943 by Mabel F. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963-206-007-249

376041

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BLAINE (b) City BELLEVUE
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: AT HOME.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County
   (c) City BELLEVUE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) BELLEVUE, IDAHO

4. **FULL NAME OF CHILD** MINNIE ESTELLA LOCKE

5. Date of Birth of Child (Month, day, year) JUNE 6, 1889

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAMES ALBERT LOCKE
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace EUGENE, OREGON (City or town) (State or foreign country)
14. Exact Occupation PRINTER
15. Industry or Business BELLEVUE HERALD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA B. SMITH
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace MALAD (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of MONTANA
County of FLATHEAD } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 54 years, and that DR. DANIEL LOCKE (First name) (Last name), who attended this birth DECEASED (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna B. Locke Signature
KALISPELL, MONTANA P. O. Address

Subscribed and sworn to before me this 14TH day of AUGUST, 1943.

(SEAL) Richitwell, Notary Public, residing at Kalispell, Montana
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Nov. 4, 1944

Received for filing on AUG 18 1943 by Mary E. Eller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-224016-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377198
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Basin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In my own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Basin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Basin Idaho

4. **FULL NAME OF CHILD** Martha Elizabeth Todd

5. Date of Birth of Child (Month, day, year) Jan 24 1889

6. Sex Female

7. Twin or Triplet 1

If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Todd
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Middlesex (City or town) England (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Henderson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Jan 24 1889 (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Born alive Julia Ann Henderson (First name) (Last name) who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Now deceased Date

State of Wyo
County of Big horn } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 54 years, and that Julia A Todd (First name) (Last name), who attended this birth Julia A Henderson (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia A Todd Signature
Burlington Wyo P. O. Address

Subscribed and sworn to before me this 18th day of August, 1943

(SEAL) Angus E. Smith, Notary Public, residing at Meeteetse Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1943 by Maud B. Eaton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

542-209-045-389

377269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Alturas (b) City Bullion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Alturas
   (c) City Bullion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Bullion, Idaho

4. **FULL NAME OF CHILD** Ellen Christine Nisson

5. Date of Birth of Child (Month, day, year) Jan. 9, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian Nisson
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Gram (City or town) Germany (State or foreign country)
14. Exact Occupation Schoolteacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Christensen
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Gram (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 54 years, and that Dr. N. J. Brown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Marie Nisson Signature

Carey, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of August, 1943

(SEAL) Joseph W. Gulp, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1943 by Mabel E. Lee, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-131-014-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 877385
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City near Nampa.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City near Nampa, Ida
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida

4. **FULL NAME OF CHILD** Harry Calvin Reed

5. Date of Birth of Child (Month, day, year) March 31, 1889

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Reed
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Portland (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Elizabeth Bailey
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace DeKalb County (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 54 years, and that Doctor (First name) Colle r (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie E. Reed Signature
Ontario, Ore P. O. Address

Subscribed and sworn to before me this 30th day of August, 19 43

(SEAL) Karl Bencsathy, Notary Public, residing at Ontario, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. xp Jan 15, 1945

Received for filing on SEP 1 1943 by Mabel Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-21-026-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377299
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same place

4. **FULL NAME OF CHILD** Agnes Kinghorn

5. Date of Birth of Child (Month, day, year) Sept 11 1889

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Kinghorn
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Greenridge (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer - machinist
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Campbell
17. Color or Race white
18. Age at time of THIS birth 46 yrs.
19. Birthplace Rosham (City or town) Scotland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Care of Home and family

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53-58 years of age, that I have known this person for all my life years, and that Harriet (First name) Dabell (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma K. Lee — Signature
Rigby, Idaho — P. O. Address

Subscribed and sworn to before me this 31st day of August, 1943

(SEAL) Percy Brown, Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1943 by Mabel Walker, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

865-212-025-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377410
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years 4 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Idaho Ida

4. FULL NAME OF CHILD Helen Hovey

5. Date of Birth of Child (Month, day, year) Apr. 12, 1889

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Hovey
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bloomington (City or town) Ill. (State or foreign country)
14. Exact Occupation Stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Brown
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Mt. Idaho (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Dr. S. E. (First name) Bibby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy B. Smith Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1943

(SEAL) Bertha McBarger Notary Public, residing at Grangeville, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires August 1, 1944.

Received for filing on SEP 4 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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23-118- 175

377443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latach (b) City Cora
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latach
(c) City Cora
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Cora, Idaho

4. **FULL NAME OF CHILD** Stanfield, LeRoy

5. Date of Birth of Child (Month, day, year) July 18, 1889

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Stanfield, Abraham Lincoln
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Washington County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agee, Sylvia May
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Yamhill County, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Cascade } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 53 years, and that Mrs. Ruby (First name) Bowen (Last name) (midwife), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Abraham L. Stanfield Signature

417 Parkdale. Great Falls, Mont. P. O. Address

Subscribed and sworn to before me this 3rd day of September, 19 43.

(SEAL) A. Swanberg, Notary Public, residing at Great Falls Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1943 by Mary Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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367-206.222-249

377550

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Cox

5. Date of Birth (Month, day year) Sept., 6, 1889

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Cox
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Sumatit Shire (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Smith
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Wales (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 10 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 28 1943 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Clara Ellen Crabb, being first duly sworn, say that I am relitedr (Related to (or) acquainted with) Gertrude Cox (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cecelia Smith (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Clara Ellen Crabb Signature
P. O. Address

Subscribed and sworn to before me on this 25th day of September, 1943
(SEAL) Kathryn Coffin Deputy Clerk of District Court Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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796-214002-735

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 379011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD Lydia Viola Groseclose

5. Date of Birth of Child (Month, day, year) Nov. 14, 1889

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Newton Groseclose
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Colorado (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Rebecca Glenn
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 55 years, and that midwife-name forgottom (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Rebecca Glenn Groseclose
mark

Humptulips, Wash P. O. Address

Subscribed and sworn to before me this 9th day of October 1943.

(SEAL) Chas. [illegible] United States Commissioner, Notary Public, residing at Hoquiam, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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357 123029 269

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

379076

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years 6 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Lenny Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Arthur Otis Tegland

5. Date of Birth (Month, day year) March 23-1889

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Tegland
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Newark (City or town) Ills (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Borgen
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Christiania (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 19 1943 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington,
County of Lewis, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Tegland, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Otis Tegland (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Johana Frang (Name of attendant at birth), who attended said birth is now deceased (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Tegland Signature
Chehalis, Washington, P. O. Address

Subscribed and sworn to before me on this 24th day of March, 1942

(SEAL) [illegible] Notary Public, residing at Chehalis, Washington.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-228029-753

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

379077

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1½ years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Anna Marie Hove

5. Date of Birth (Month, day year) July 28-1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Hove
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Aalesund Norway (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Petterson
17. Color or Race white
18. Age at time of THIS birth 18 yrs
19. Birthplace Mayville N. Dak (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 19 1943 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Hove, being first duly sworn, say that I am ~~Father~~ Related to (Related to (or) acquainted with) Anna Marie Hove (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M D (Name of attendant at birth), who attended said birth CAN NOT be found (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Hove Signature
Genesee Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of October 1948

(SEAL) [illegible] Notary Public, residing at Genesee Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-130044-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Indian Valley, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Indian Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Walter Ross

5. Date of Birth of Child (Month, day, year) Dec. 30, 1889

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James M. Ross
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ashland, Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mintie Stutesman
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Gauge County, Nebr. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Grant. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 54 years, and that Dr Albert Hunt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mintie Ross Signature

Prairie City, Oregon. P. O. Address

Subscribed and sworn to before me this 20th day of October, 19 43

(SEAL) Russell H. Sullens Notary Public, residing at Prairie City Oregon.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES Dec. 1, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1943 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-125006 252

United States
Department of Commerce
Bureau of the Census

NOV 1 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380515
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. Gen Del.
   (d) Name of Hospital or Maternity Home: Born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 yrs years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. Gen Del
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Ferry Ernest LaRocque

5. Date of Birth of Child (Month, day, year) July 25, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emery LaRocque
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Point Fortune, Quebec, Canada. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Sessions
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Wayne County, Illinoise. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Tehama } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 54 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine LaRocque Wilson Signature

..... P. O. Address

Subscribed and sworn to before me this 20 day of October, 1943

(SEAL) NW Ackerman, Notary Public, residing at Gerber

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Lorraine Chapman

Received for filing on NOV 2 1943 by Mabel Ryd, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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362-220044 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380581
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Wiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Wiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wiser Idaho

4. **FULL NAME OF CHILD** Winifred Davis Loxton

5. Date of Birth of Child (Month, day, year) June 20 1889

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charlie Hopson Loxton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Montemay (City or town) Mo (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Berta B Slavens
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Montgomery (City or town) Mo (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Wiser M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for Lifetime years, and that Mary Ann Loxton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Hopson Loxton Signature

P. O. Address

Subscribed and sworn to before me this 1 day of Nov., 1943

(SEAL) Ada Loomis, Notary Public, residing at Medford, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-226-003-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 381841
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 73 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Eliza Mae Jones

5. Date of Birth of Child (Month, day, year) Jan 26, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John E. Jones
11. Color or Race Welsh
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Butcher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnifred E. Jones
17. Color or Race Welsh
18. Age at time of THIS birth 22 yrs.
19. Birthplace Brigham (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number~~ of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 a.m. on the date and at the place stated above, and that personal particulars were furnished by Winnifred E. Jones (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 54 years, and that Dr Bean (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnifred E. Jones — Signature
Malad Idaho — P. O. Address

Subscribed and sworn to before me this 18th day of November, 1943.

(SEAL) L. O. Ray, Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384460
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Ketchum Ida

4. FULL NAME OF CHILD Louise Avery Hastings

5. Date of Birth (Month, day year) Aug. 7th 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Beasley Hastings
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Liverpool England (City or town) (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Ross Brodhead
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Milford Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 28 1944 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John H. Hastings, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louise Avery Hastings (Name of person on certificate above) as brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Lewis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John H. Hastings ..... Signature
DUMAS TEXAS ..... P. O. Address

Subscribed and sworn to before me on this 1 day of Nov., 1941
(SEAL) Walter Powell ..... Notary Public, residing at DUMAS TEXAS
WALTER POWELL
Moore County Texas

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384507
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City McCAMMON
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City McCAMMON
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCAMMON, IDAHO

4. **FULL NAME OF CHILD** MABLE BEATRICE GOODENOUGH.

5. Date of Birth of Child (Month, day, year) April 2, 1889

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE FRISBY GOODENOUGH.
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace [redacted]RBON City (City or town) NEVADA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELISABETH DOYLE
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) NEBRASKA. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Lay-Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 52 years, and that Mary E. (First name) Goodenough (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nettie Kline Signature
McCammon P. O. Address

Subscribed and sworn to before me this 25th day of January, 1944

(SEAL) J. F. Whitney, Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384524
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** SYLVIA ALBERTINA DOELL

5. Date of Birth of Child (Month, day, year) 6th August 1889

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES PHILLIPS DOELL
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Egg Harbor, Pa. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE SOPHIA CARLSON
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Stockaryd, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Prov. of British Columbia
County of Kootenay } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 54 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine S. Wilson Doell
Signature

Box 552, Rossland, British Columb
P. O. Address

Subscribed and sworn to before me this 24th day of January, 1944

(SEAL) Notary Public, residing at Rossland, B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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384549

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 384549
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lydia Ellsworth

5. Date of Birth of Child (Month, day, year) Apr. 25, 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edmund Ellswofth Jr.
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace The Muddy (City or town) Arizona (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edwina Walker
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Oak City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 p M. on the date and at the place stated above, and that personal particulars were furnished by Edwina (First name) Ellsworth (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Midwife now deceased M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 54 years, and that Mrs. Harriet Pool (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwina Walker Ellsworth Signature

#13 Mound St. Idaho Falls, Idaho Address

Subscribed and sworn to before me this 8th day of February, 1944.

(SEAL) Henrietta B. Cauhapé Notary Public residing at 50 Clayton Ave. San Jose, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF CALIFORNIA,
County of Santa Clara } *ss.*

On this Eighth *day of* February *in the year one thousand nine hundred and forty* Four *before me,* Henrietta B. Cauhāpe *a Notary Public in and for the County of Santa Clara, State of California, personally appeared*

Edwina Walker Ellsworth

known to me to be the person *whose name* is *subscribed to the within instrument and acknowledged to me that* S.he *executed the same.*

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at my office in the County of Santa Clara, the day and year in this certificate first above written.

Henrietta B. Cauhapé

(General) Notary Public in and for the County of Santa Clara, State of California

CURTIS LINDSAY, STATIONER - SAN JOSE

MY COMMISSION EXPIRES JAN. 20, 1948

STATE OF CALIFORNIA
County of San Diego

[illegible] on the year one thousand [illegible] hundred and [illegible]

[illegible] Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared [illegible]

[illegible] subscribed to the within instrument and acknowledged to me that [illegible] executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at my office in the County of San Diego, State of California, the day and year in this certificate first above written.

(Seal) Notary Public in and for the County of San Diego, State of California

6 T3-23-035-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 385875
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ-PERCE (b) City LELAND.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME.
   (e) Mothers stay **BEFORE** delivery: HOME.
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City LELAND.
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? don't know yrs.

3. **RESIDENCE OF FATHER** (city, state) LELAND IDA.

4. **FULL NAME OF CHILD** LESTA-ANN- OYLEAR.

5. Date of Birth of Child (Month, day, year) OCT. 13-1889

6. Sex FEMALE Twin or Triplet 1st If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** JOHN-MCLELLAND-OYLEAR
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace CAMERON- MO (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH-VERLINDA-WELKER
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time ~~of birth and~~ including this child 4 (b) Born alive and now living YES.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE. (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by JOHN M (First name) OYLEAR. (Last name), who is related as FATHER. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 54 years, and that (MIDWIFE) ELIZABETH-WELKER (First name) (Last name) who attended this birth IS DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John M. Oylear Signature
Lewiston Idaho. P. O. Address

Subscribed and sworn to before me this 17 day of February 1944.

(SEAL) Ruby Weingarten, Notary Public, residing at CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-227-045-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 385984
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years — months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Idaho

4. **FULL NAME OF CHILD** Stella Paull

5. Date of Birth of Child (Month, day, year) June 27, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Paull
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Pike Co. (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Bell Lamb.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Douglas Co. (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 54 years, and that Anna (First name) Martin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olande Paull Signature
Innisfail, Alberta Canada P.O. Address

Subscribed and sworn to before me this 29th day of Feb, 1944

(SEAL) Erma L. Dyer, Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 - 1944 by Molly Hodges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-213-024-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 386127
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Mary Walker Gibb

5. Date of Birth of Child (Month, day, year) January 13, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Napier Gibb
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Edinburgh, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Anderson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Mount Pleasant, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for ..... years, and that Emma Deering (First name) and Mary Wahl (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Gibb — Signature
406 Linden Avenue
Long Beach, California — P. O. Address

Subscribed and sworn to before me this 28th day of February, 1944.

(SEAL) Mabel C. Berry, Notary Public, residing at Long Beach
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 21, 1948

Received for filing on MAR 13 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-222-040-997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 386129
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace, Idaho.

4. **FULL NAME OF CHILD** Katharin Helen Hall

5. Date of Birth of Child (Month, day, year) Aug. 20 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Marshall Hall
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Hudson, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Katharin Riggs
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Saginaw (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 55 years, and that Charles (First name) Plummer (Last name) M.D. who attended this birth (~~Is deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary R. Hall
Signature
650 Coronado, Long Beach, California

Subscribed and sworn to before me this 6 day of March, 1944

(SEAL) Geo. W. Perkins, Notary Public, residing at Los Angeles Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) In and for Said County & State

Received for filing on MAR 13 1944 by Mary Fobler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-225025-267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho Territory (b) City Rangeville
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home: Home of Mrs. Anna Chase
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho Territory
   (c) City Rangeville
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rangeville, Idaho

4. **FULL NAME OF CHILD** ALTA MABLE BONEBRAKE

5. Date of Birth of Child (Month, day, year) April 25, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Noah Bonebrake
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bogard
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Marysville, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the oldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 54 years, and that (Midwife) (First name) Mrs. (Last name) White, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Bonebrake Wallace Signature

129 So. Flower St. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 44

(SEAL) Marva Weede (Marva Weede), Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. exp. Feb. 3, 1946.

Received for filing on MAR 24 1944 by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289 117 003 236

387313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City POCATELLO
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City POCATELLO
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) POCATELLO, IDAHO

4. **FULL NAME OF CHILD** JOHN WALLACE SHIELDS

5. Date of Birth of Child (Month, day, year) JULY 17, 1889

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE SHIELDS
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace PAISLEY (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation RAILROAD REPAIRMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES STOKER
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace OGDEN (City or town) UTAH (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 54 years, and that — (First name) — (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Claude L. Shields Signature

x Salt Lake City P. O. Address

Subscribed and sworn to before me this 9 day of March, 19 44

(SEAL) Mary B. Shields, Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mabel Hylder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-224044745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387315
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Nettie Almeda Norman.

5. Date of Birth of Child (Month, day, year) Nov 24 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Melville Cox Norman.
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Sewell (City or town) Iowa (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Ann Adams
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Ravanna (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for lifetime years, and that Ellen Reavis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Ann Norman Signature
318 S. Palouse St., Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 8th day of March, 1943
(SEAL) Arthur Hausman Notary Public, residing at Walla Walla
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires 2-24-47

Received for filing on MAR 28 1944 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-218 044-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 387319
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** EDITH LENORA SATER

5. Date of Birth of Child (Month, day, year) March 18, 1889

6. Sex female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Sater
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lawrence (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emaline Maria Morehead
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Dalles (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the 1st cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for ever since birth 54 years, and that Dr. Giles (First name) Sater (Last name), who attended this birth is deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(affiant is brother of John Henry Sater, father of Edith Lenora Sater.)

Alonzo Sater ..... Signature

Tacoma, Washington ..... P. O. Address

Subscribed and sworn to before me this 29th day of September, 19 43

(SEAL) E.F. Rogers, Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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271 221-024-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387388
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ~~Logan~~ Gooding (b) City Bliss
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ~~Logan~~ Gooding
   (c) City Bliss
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bliss Idaho

4. **FULL NAME OF CHILD** Ora Evelyn Bray

5. Date of Birth of Child (Month, day, year) March 21 1889

6. Sex Female

7. Twin or ~~Triplet~~ If so—Born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Cowin Bray
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Dumfries (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances B. Hopkins
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Kalamazoo (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name), who is related as [illegible] (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Ontario Oregon Date March 29 1944

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 54 years, and that Midwife (First name) Sarah (Last name) Butler, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira B. Bray Signature
Ontario Oregon P. O. Address

Subscribed and sworn to before me this 29th day of March, 19 44

(SEAL) J O Ryan City Recorder, Notary Public, residing at Ontario Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 - 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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862-225 001-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 387464
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Warhobottom
   (c) Street Address or R.F.D. No. Warho Post Office
   (d) Name of Hospital or Maternity Home: I was born in mothers own home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Two years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Warho bottom
   (d) Street Address or R.F.D. No. Warho Post Office
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Edith May Hobson.

5. Date of Birth of Child (Month, day, year) March 25th 1889

6. Sex Female

7. Twin or Triplet Fourth If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? 9

FATHER OF CHILD

10. **FULL NAME** Samuel Arthur Hobson.
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Adams Illinois (City or town) (State or foreign country)
14. Exact Occupation fireman in a Sawmill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Allice Weller.
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bary Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person ~~for~~ Since Birth years, and that Fred John (First name) Wakeman (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Arthur Hobson Signature
11048-66th st Inglewood, California P. O. Address

Subscribed and sworn to before me this 28th day of March, 1944.

(SEAL) Trede Donnold. My Commission Expires September 30, 1947, Notary Public, residing at Notary Public in and for the County of Los Angeles, State of California.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1944 by Mabel H. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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915-125 029-895 388667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388667
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. Non
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Franklin Leon Randall

5. Date of Birth of Child (Month, day, year) Mar. 25 - 1899

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James W. Randall
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Viola (City or town) Ill. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret D. Hinkle
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Glassford (City or town) Ill. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Olive (First name) Rambo (Last name), who is related as sister (Mother, etc.)

25. Attendant's ✓ **OWN** signature Olive Rambo ~~M.D.~~ Midwife Address Rt. #2-Lewiston, Idaho Date April 27th'44

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 55 years years, and that Dr. (First name) Worthington (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Olive Rambo Signature

P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 44.

(SEAL) Fred D Wooster, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9 - 1944 by Mabel Fleder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843-201-004-219

388687

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 388687
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bear Lake (b) City: Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bear Lake
   (c) City: Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** June Hull

5. Date of Birth of Child (Month, day, year) June 1, 1889

6. Sex: Female

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hull
11. Color or Race: White
12. Age at time of THIS birth: 43 yrs.
13. Birthplace: London, England (City or town) (State or foreign country)
14. Exact Occupation: Road Foreman
15. Industry or Business: Oregon Short Line R. R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Bailey
17. Color or Race: White
18. Age at time of THIS birth: 31 yrs.
19. Birthplace: Northhamptonshire, England (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 6 (b) Born alive and now living: 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 55 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ephraim Hull — Signature

Jefferson — P. O. Address

Subscribed and sworn to before me this 20th day of May, 1944.

(SEAL) W. Vernon, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-216-236-693

388712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years one months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Ammon. Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 75 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Ruth. A. Richardson

5. Date of Birth of Child (Month, day, year) June 16 1889

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd second

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** J. A. Richardson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Harrisville (City or town) utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth E. williams
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Brigham City (City or town) utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Eighty three years of age, that I have known this person for fifty four years, and that Sarah (First name) Jenkins (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth E. Richardson Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 17th day of April, 1944.

(SEAL) Percy Green Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-211-029-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388980
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Hannah Theodora Anda

5. Date of Birth of Child (Month, day, year) Feb. 11, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arndt Anda
11. Color or Race Norwegian
12. Age at time of THIS birth 25 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gunhild Nelson
17. Color or Race Norwegian
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bergen, Norway (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother? (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 55 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

1523 N McCadden Place Hollywood Calif
P. O. Address

Subscribed and sworn to before me this 6 day of May, 1944

(SEAL) Frank C. Rainey, Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-101-006-493

390171

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Ada (b) City: Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: at Home
   In **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Ada
   (c) City: Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho.

4. **FULL NAME OF CHILD** John Emmage Miller

5. Date of Birth of Child (Month, day, year) Jan 1. 1889

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Abram. Miller
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Bear Mt. (City or town) Penn. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Manda Ellen Miller
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 55 years, and that Sarah Moulton (Midwife) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie J Brane Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1944.

(SEAL) ....., Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1940 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-215006-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 390175
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City TETON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County BINGHAM
   (c) City TETON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) TETON Idaho

4. **FULL NAME OF CHILD** LAURA HENRIETTA BAKER

5. Date of Birth of Child (Month, day, year) DEC. 15, 1889

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JESSE MERRIT BAKER
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace MENDON (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business SAME

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ANN DOWDLE
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace FRANKLIN (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 54 years, and that Bell Riggs (First name) (Last name), who attended this birth (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John R Baker Signature
Teton City, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of May, 1944

(SEAL) Hensley G Harris, Notary Public, residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received~~ and filed by the local registrar ~~for record in the Bureau~~ of Vital Statistics for the ~~purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361-30-5070-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393049
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In Parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Beulah Elizabeth COATS

5. Date of Birth of Child (Month, day, year) Mar. 5th, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William R Coats
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Pala Kansas (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Willie Etta Grant
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Arrow Rock (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of ~~XXXXXXXX~~ Elmore } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for ~~[illegible]~~ 10 years, and that Miss M. J. Berby (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William R Coats Signature
Grand View Idaho Address

Subscribed and sworn to before me this 10th day of August, 19 44.

(SEAL) E. Morell, Notary Public, residing at Mtn. Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1944 by Mabel Yelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-27-016-336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394358
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Sublett, Ida.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 7 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Sublett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublett, Idaho

4. **FULL NAME OF CHILD** Agnes Hutchison

5. Date of Birth of Child (Month, day, year) Jan. 17, 1889

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Nish Hutchison
11. Color or Race American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Nanti, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Lloyd
17. Color or Race American
18. Age at time of THIS birth 28 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 23 years of age, that I have known this person for 54 years, and that (First name) the midwife (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Hutchison
Signature

Malta, Idaho
P. O. Address

Subscribed and sworn to before me this 11 day of Aug, 19 44

(SEAL) Henry Thompson, Notary Public, residing at MALTA IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 30 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-121-016-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394359
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Cassia (b) City:
   (c) Street Address or R.F.D. No.: Albion, Idaho
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Cassia
   (c) City: Albion
   (d) Street Address or R.F.D. No.:
   (e) How long has **MOTHER** lived in Idaho? about 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) same address

4. **FULL NAME OF CHILD** Roscoe Sherman Rice

5. Date of Birth of Child (Month, day, year) February 21, 1889

6. Sex male

7. Twin or Triplet sole x If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William K. Rice
11. Color or Race Caucasian
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation rancher (farming)
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Clawson
17. Color or Race Caucasian
18. Age at time of THIS birth 35 yrs.
19. Birthplace Draperville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none known to affiant
23. Number of children of this mother: (a) At time of birth and including this child eight (b) Born alive and now living seven, dead subsequent to birth

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by midwife and doctor whose names (First name) are forgotten by me, and also by Ada (Clawson) Rice (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Ada Rice Payne M.D. Midwife Address Date August 16, 1944

State of California
County of San Benito } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the oldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that I am a person (First name) (Last name), who attended this birth. ~~XXXXXXXXXXXX~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Rice Payne Signature
Hollister, California P. O. Address

Subscribed and sworn to before me this 16th day of August, 1944.

(SEAL) Hall Jeary, Notary Public, residing at Hollister, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on AUG 30 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419-204-045-569

394420

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Alturas (b) City Antelope Station
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Alturas
   (c) City Antelope Station
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Antelope, Idaho

4. **FULL NAME OF CHILD** Lois Amelia Marker

5. Date of Birth of Child (Month, day, year) Jan. 4th, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Christian Marker
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Stage Station Tender
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Norwood
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Custer } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that a Mrs Taylor (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Jennie Howell Signature

P. O. Address

Subscribed and sworn to before me this 29th day of August, 1944.

(SEAL) John Boyd, County Recorder by Thos. P. McNamey, Deputy, Notary Public, residing at Challis Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-107 829-396

United States
Department of Commerce
Bureau of the Census

SEP 8 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Cora P.O
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Cora P.O
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cora

4. **FULL NAME OF CHILD** Ray Otis Haydon

5. Date of Birth of Child (Month, day, year) 1889-7-8

6. Sex M.

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Haydon
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Forest Grove (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Simpson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pittsburgh (City or town), Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 55 years, and that Sarah (First name) Burden (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Washington Haydon Signature
Rubelia, Washington P. O. Address

Subscribed and sworn to before me this 6th day of Sept, 1944

(SEAL) Notary Public for Oregon
My commission expires Dec. 22, 1947

Portland, Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on SEP 9 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-206-006 693

394499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394499
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Annie Sarah Olsen

5. Date of Birth of Child (Month, day, year) Dec. 6, 1889

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Olsen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Clerk O.S.L. Railroad
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ellen Williams
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Liverpool (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for fifty-four years, and that Mrs. McMillan (Midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eliza Elizabeth Fraser Signature

Box 705, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 4th day of October, 1944.

(SEAL) J. A. McQuillan, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X55-104-101-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395563
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Thomas Alfred Henderson

5. Date of Birth of Child (Month, day, year) Sept. 4, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hiram A. W. Henderson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Pittsburg, Pennsylvanie (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lana Phillips
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Polk } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all his life years, and that Sarah Mitchell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Father & Mother are deceased

Minnie G. Henderson Beaty Signature
336 Log Cabin St. Independence Or. Address

Subscribed and sworn to before me this 14th day of September, 19 44

(SEAL) E. A. Weddle, Notary Public, residing at Notary Public for Oregon

(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

My commission expires Mar. 19, 1946

Received for filing on SEP 20 1944 by Mabel Weddle E. A. WEDDLE, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-118-036-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395566
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida Co.
   (c) City Malad City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 78 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad City, Ida.

4. **FULL NAME OF CHILD** Robert Glyndwr Jones

5. Date of Birth of Child (Month, day, year) Aug. 18, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Evans Jones
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Carmarthen, So. Wales (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Richards
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and~~ including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for 55 years, and that Mary Ann Hobbs (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Jones Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Sept., 19 44

(SEAL) Jas. T. Jones, Notary Public, residing at Malad Cy., Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) My commission expires Nov. 1, 1944

Received for filing on SEP 20 1944 by Mabel Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-214-004-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395606
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Ethel Anabel McIntosh

5. Date of Birth of Child (Month, day, year) Nov. 14 - 1889

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Angus McIntosh
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Clerical
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christie Boyd
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 55 years, and that Frances (First name) Bridges (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary McIntosh Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of September, 19 44

(SEAL) Chas E Harris, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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437 130029 354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396841
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick, Idah

4. FULL NAME OF CHILD Franklin Powell McGraw

5. Date of Birth of Child (Month, day, year) Jan. 30, 1889

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marcus Luther McGraw
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie E. Lemar
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Louisville, Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× John Allen Signature

Deary, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1944

(SEAL) L. A. Wylie, Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 25 1944 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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659 224 003 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 396877
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None; born in parent's home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county four years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Pocatello
   (d) Street Address or R.F.D. No. None
   (e) How long had **MOTHER** lived in Idaho? about 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Margaret Weinrich

5. Date of Birth of Child (Month, day, year) August 24, 1889

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ignatz (Joseph) Weinrich
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Luxenburg, Germany (City or town) (State or foreign country)
14. Exact Occupation Brakeman & Car Sealer, R.R.
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Dickmann (Called: ("Maggie")
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Marne, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child ~~Two~~ Three (Two then dead) (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Nebraska
County of Douglas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 55 years, and that the midwife, whose name I do not recall (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maggie Mahne Signature

Apt. 104, Princeton Apts., 1906 Dodge St., Omaha 2, Nebr. P. O. Address

Subscribed and sworn to before me this 5 day of October, 1944

(SEAL) E. R. Bayton, Notary Public, residing at Omaha, Nebr.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1944 by Mabel Heller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2172 02 004 649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 397027
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County: Bear Lake (b) City: Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State: Idaho (b) County: BearLake
(c) City: Montpelier,
(d) Street Address or R.F.D. No. 1905
(e) How long has **MOTHER** lived in Idaho? 23 (deceased)

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida.

4. **FULL NAME OF CHILD** Mary Juanita VanHorne Bagley

5. Date of Birth of Child (Month, day, year) Novenber, 2, 1889

6. Sex: white 7. Twin or Triplet: If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy: 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Allen Bagley
11. Color or Race: white 12. Age at time of THIS birth: 27 yrs.
13. Birthplace: Draper, Utah (City or town) (State or foreign country)
14. Exact Occupation: Attorney at Law,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Valva Furrow
17. Color or Race: white 18. Age at time of THIS birth: 26 yrs.
19. Birthplace: Wilton, Clinton Co. Iowa. (City or town) (State or foreign country)
20. Exact Occupation: Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: If any used dont know of it.
23. Number of children of this mother: (a) At time of birth and including this child: one (b) Born alive and now living: one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all her life. years, and that Mary Bridges, midwife, (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Saw this child same day she was born.

Mary D. Bagley Quayle Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of October, 1944.

(SEAL) Chas Eskam, Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, [illegible] idavits of the father or mother of the child, or if neither father or mother [illegible] ld is living or accessible, of the nearest of kin or guardian, or some person [illegible] rect knowledge in the premises.

813-105022-339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398094
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Charles W. Hathaway

5. Date of Birth of Child (Month, day, year) May 3, 1889

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Wesley Hathaway
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Irean Clifford
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Millville (City or town) Utah (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Addie Hathaway (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Mary B Hathaway ~~M.D.~~ Midwife Address Chester, Idaho Date 11/13-'44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1944 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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398105

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398105
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Perry
(c) Street Address or R.F.D. No. ------
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mothers stay BEFORE delivery: In THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Perry
(d) Street Address or R.F.D. No. -----
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Perry, Idaho

4. FULL NAME OF CHILD Frances Charity Gray

5. Date of Birth of Child (Month, day, year) January 25, 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Busby Gray
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Charity Ames
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kaysville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---------
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ----- (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 89 years of age, that I have known this person for ..... years, and that Andrew Busby Gray (First name) (Last name), who attended this birth ---------- (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew B. Gray Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of November, 1944

(SEAL) Ruth Peterson, Notary Public, residing at CLERK OF THE PROBATE COURT OF BANNOCK COUNTY IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1944 by Mabel Heder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398158
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. ----
   (d) Name of Hospital or Maternity Home:
   Born in family home
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county 3 years --- months --- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. ----
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Carl Theodore Selland

5. Date of Birth of Child (Month, day, year) Oct. 5, 1889.

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ole Osmundson Selland
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Roldal (City or town) Norway (State or foreign country)
14. Exact Occupation Carpenter and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Anda
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Stavanger (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person Since Birth years, and that Mrs. H. D. Smith (First name) (Last name), who attended this birth (Is now deceased) ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Selland — Signature
R. 1 Moscow, Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of November, 1944.

(SEAL) M. Ritmuden, Notary Public, residing at Moscow, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 16 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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432-219 007 355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Blaine.
(c) City Hailey.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey Idaho.

4. **FULL NAME OF CHILD** Alice Belle McKibbin

5. Date of Birth of Child (Month, day, year) 3 - 19 - 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander McKibbin.
11. Color or Race White.
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ontario (City or town) Canada. (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louise Leeper.
17. Color or Race White.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Winfield (City or town) Iowa. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 55. years, and that Dr. H. J. Brown. (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Laura J. Bloss. Signature
1951 - W 42 Place P. O. Address

Subscribed and sworn to before me this 26th day of Oct. 1944 Los Angeles Calif. 19

(SEAL) Jack Lynn, Notary Public in and for the County of Los Angeles, State of Calif.
My Commission Expires June 9, 1946
NOTARY PUBLIC

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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398288

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398288
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Leona Morrow

5. Date of Birth of Child (Month, day, year) Sept 3, 1889

6 Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert L. Morrow
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kirksville (City or town) Mo. (State or foreign country)
14. Exact Occupation farmer & stock man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah E. Gray
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Knoxville (City or town) Tenn. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 55 years, and that Grandma Horn, Nidwife, Caldwell, Idaho (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles W. Morrow Signature
Richland, Oregon P. O. Address

Subscribed and sworn to before me this 19th day of December, A. D., 19 44

(SEAL) I [illegible] Notary Public, residing at Richland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Com Ex 8-3-1945

Received for filing on Dec. 26-1944 by Mabel F. Eller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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453 120 036 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Granite
(c) City Philipsburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Philipsburg Mont

4. FULL NAME OF CHILD Cleveland Anthony Metcalf

5. Date of Birth of Child (Month, day, year) January 26, 1889

6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George A. Metcalf
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Richards
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana
County of Granite } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 55 years, and that Name Not Known (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. E. Metcalf Signature

P. O. Address

Subscribed and sworn to before me this 19th day of December, 1944.

(SEAL) E. J. Donnelly Clerk of Court, Notary Public, residing at Philipsburg Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by Mabel Hedger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-217-008-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400815
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Nellie C. Hannifin

5. Date of Birth of Child (Month, day, year) Aug. 17-1889

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jeremiah Hannifin
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Collins
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Pittsburg (City or town) Penna. (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Hannifin (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for fifty five years, and that Mrs Mattie Rhinerson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Hannifin Signature

P. O. Address

Subscribed and sworn to before me this 24 day of January, 1945.

(SEAL) Pauline Andrews, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 24 1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

624-114-004-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bloomington, Ida.

4. **FULL NAME OF CHILD** James George Osmond

5. Date of Birth of Child (Month, day, year) March 14, 1889

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Anson Osmond
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Willard, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Catherine Hart
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None that I know of
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life years, and that Sarah Greenhalgh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred A. Hart Signature
Bloomington, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of January, 1945.

(SEAL) Janet Kinsha, NOTARY PUBLIC, residing at Paris, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

Clerk, District Court

Received for filing on ..... by ..... Registrar

JAN 30 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-229-030-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Neeley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Neeley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Neeley, Idaho

4. FULL NAME OF CHILD Ina Deloris Sorensen

5. Date of Birth of Child (Month, day, year) Aug. 29/1889

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James J. Sorensen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizebeth Ann Byington
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of POWER } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 54 years, and that Dr Rooker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lawrence L Sorensen Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 3rd. day of February, 19 45.

(SEAL) Ethel M. Colard, Notary Public, residing at RESIDING AT AMERICAN FALLS, IDA
MY COMMISSION EXPIRES JANUARY 14,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1945 by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-22-2356-13

400970

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City LELAND
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LELAND
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) LELAND IDAHO

4. **FULL NAME OF CHILD** ESTELLA JENNETT CLARK

5. Date of Birth of Child (Month, day, year) FEB 2-1889

6 Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES AUGUSTUS CLARK
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace — (City or town) MAINE (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET ANN WALKER
17. Color or Race WHITE
18. Age at time of THIS birth 41 yrs.
19. Birthplace — (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 55 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x J. W. White Signature
R 7 Spokane Co P. O. Address

Subscribed and sworn to before me this 31st day of January, 1945.

(SEAL) ____, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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266-130-014-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 101017
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida

4. **FULL NAME OF CHILD** John Stanley Boone

5. Date of Birth of Child (Month, day, year) June 30th, 1889

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theadore Warner Boone
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Caldwell, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maratha Alice Thompson
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for from birth years, and that Dr. I. F. Isham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Boone Dutton Signature
1515 Dearborn Caldwell, Ida. P. O. Address

Subscribed and sworn to before me this 13 day of February, 1940.
(SEAL) Lucia Kress, Notary Public, residing at Caldwell, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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469-203 036 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida.

4. FULL NAME OF CHILD Elizabeth Hazel Morgan

5. Date of Birth of Child (Month, day, year) Dec. 3, 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David J. Morgan
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Glamorganshire, Wales (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cleusa, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 55 years, and that Elizabeth Williams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bush Signature

Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1945.

(SEAL) Jas. B. Ries, Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by Mary Pargan, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 227-001-719

403508

United States Department of Commerce Bureau of the Census

APR 6 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403508
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county Seven years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Adaline Frances Johns

5. Date of Birth of Child (Month, day, year) Jan 27 1889

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Alex Frank Johns
11. Color or Race White 12. Age at time of THIS birth about 28 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Painter and Decorator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ella Farmer
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace San Bernardino (City or town) (State or foreign country)
20. Exact Occupation Practical nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of OREGON
County of MARION } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 56 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ella Adselman Signature
536-N-20th SALEM-ORE. P. O. Address

Subscribed and sworn to before me this 28th day of MARCH, 1945.
(SEAL) Herman E. Soffer, Notary Public, residing at Salem Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9140 Idaho Code Annotated.)

Received for filing on APR 9 1945 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 124022 292

403550

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403550
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Egin Bench
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin Bench
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state Egin Bench, Ida

4. **FULL NAME OF CHILD** HUGH SIBBETT PARKER

5. Date of Birth of Child (Month, day, year) May 24, 1889

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wyman Minard Parker
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Morgan, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Sibbett
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Philadelphia, Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Hyatt (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 56 years, and that Wyman (First name) Parker (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice P. Hyatt Signature
1010 N 17th St. Boise, Idaho Address

Subscribed and sworn to before me this 27th day of April, 19 XI

(SEAL) [illegible], Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493 115045-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 4 1945

State File No. 404729
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ALTURAS (BLAINE) (b) City KETCHUM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (TERRITORY) (b) County ALTURAS (BLAINE)
(c) City KETCHUM
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? FEW yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** EDWARD HENRY MILEY

5. Date of Birth of Child (Month, day, year) OCTOBER 15, 1889

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** JOHN HARMON MILEY
11. Color or Race WHITE
12. Age at time of THIS birth 32½ yrs.
13. Birthplace PETERSBURG (City or town) - INDIANA (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business WHOLESALE LIQUOR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINERVA JANE BENSON
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace HUTCHINSON (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 98 years of age, that I have known this person for 55 years, and that Dr. Lewis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecelia Thomas Signature
(Cecelia Thomas) Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 19 45

(SEAL) Joseph N. Fuld, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1945 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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655-217-044-415

406061

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Ruthberg
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Ruthberg
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Myra Irene Henley

5. Date of Birth of Child (Month, day, year) Nov. 17, 1889

6. Sex girl

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matthew Cook Henley
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Irene Manning
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Kankakee City, Ill. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister-in-law (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for all her life years, and that Almira D. Manning (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs D M Henley Signature

Yakima, Wn. P. O. Address

Subscribed and sworn to before me this JUN 13 1945 day of ____, 19____

(SEAL) L. E. Nance Notary Public, residing at ____

Notary Public State of Washington Residing at Yakima Commission expires Jan. 1, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1945 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-219-036-495

406132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Anna Daniels

5. Date of Birth of Child (Month, day, year) Sept 19, 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David M. Daniels
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Cattle Buisness
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Grace Dives
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 55½ years, and that Dr. Drake (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Grace Daniels Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1943

(SEAL) Max R. Hopkins, Notary Public, residing San Marino Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Mary Fehr, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-201 044-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407241
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Dora Elizabeth Tate

5. Date of Birth of Child (Month, day, year) Dec. 1 - 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Tate
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Milan (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola McPhee
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that Dora (First name) Burns (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Benson Signature
6925 N Concord ave, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 15th day of May, 1944

(SEAL) F. M. Green, Notary Public, residing at Portland, Ore.
My commission Expires Nov 6, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1945 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-ID 003-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County: Bannock (b) City: Oxford
   (c) Street Address or R.F.D. No.: None
   (d) Name of Hospital or Maternity Home: Born in our own ranch home
   (e) Mothers stay **BEFORE** delivery: (See note other side of page 1) In **THIS** county 8 to 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State: Idaho (b) County: Bannock
   (c) City: Oxford
   (d) Street Address or R.F.D. No.: None
   (e) How long has **MOTHER** lived in Idaho? 8 to 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford, Idaho

4. **FULL NAME OF CHILD** Edgar Bernard Brossard

5. Date of Birth of Child (Month, day, year) April 1, 1889

6. Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** A. Alphonse Brossard
11. Color or Race: White
12. Age at time of THIS birth: 42 yrs., 9 mos., 20 days yrs.
13. Birthplace: Laprairie, P.Q., Canada (City or town) (State or foreign country)
14. Exact Occupation: Farmer and cattle rancher
15. Industry or Business: Farmer and cattle rancher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Catherine Hobson Brossard
17. Color or Race: White
18. Age at time of THIS birth: 35 yrs., 11 mos., 2 days yrs.
19. Birthplace: Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation: Homemaker
21. Industry or Business: Homemaker - Mother to family

22. Name prophylactic used to prevent Ophthalmia Neonatorum: None as far as I know

23. Number of children of this mother: (a) At time of birth and including this child: 8 (b) Born alive and now living: 6

ATTENDANT'S CERTIFICATE Attendant is deceased.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 56 years, and that Dr. (First name) House (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis A. Brossard — Signature
Rigby, Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of July, 1945.

(SEAL) George M. Larsen, Notary Public, residing at Dubois, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1945 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

amplification. JUL 3 1 1945

Came to Oxford between September 29, 1880, when her son, Clarence Jesse, was born in Richmond, Utah, and May 3, 1881, a year's residence required before her husband could be naturalized on May 3, 1882.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-126028-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409560
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Couer 'dalene
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mothers stay BEFORE delivery: In THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Couer 'dalene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Couer 'd Alene

4. FULL NAME OF CHILD Geo. Steve Lashbrook

5. Date of Birth of Child (Month, day, year) Oct. 26, 1889

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ed Lashbrook
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Illinois (McHenry Co) (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Lashbrook
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Marengo Co, Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 56 years, and that Dr. Sabin (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle A Paul Signature

Glendale 4, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of August, 19 45

(SEAL) Jean Larson, Notary Public, residing at Glendale, Cal.

My Commission Expires August 14, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-209 029 9158

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 409581
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 56 years 9 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Spirit Lake Ida

4. FULL NAME OF CHILD Addie Bell Pankey

5. Date of Birth of Child (Month, day, year) July 9 - 1889

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Garry Pankey
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Richmond (City or town) Virginia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jane Jury
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Albany (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 55 years, and that Addie Lynch (First name) (Last name), who attended this birth as now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Etta Mendenhall ..... Signature
Princeton Idaho ..... P. O. Address

Subscribed and sworn to before me this 27th day of August, 1945
(SEAL) E. J. Thompson ..... Notary Public, residing at Moscow, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by Mabel Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519 116 036 864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP - 1 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409637
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county 1 years 23 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls,

4. FULL NAME OF CHILD William Andrew Earl

5. Date of Birth of Child (Month, day, year) April 16th, 1889

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lancelot M. Earl
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Newspaper publishing

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Homer
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Millcreek Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 56 years, and that Dr. Drake (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Margaret Homer Earl Signature

P. O. Address

Subscribed and sworn to before me this 27th day of August, 1945.

(SEAL) M. S. Biggs, Notary Public, residing at Salt Lake City, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-203-040-699

410806

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410806
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Myrtle
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Myrtle
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Myrtle Idaho

4. **FULL NAME OF CHILD** Christine Corrina Quist

5. Date of Birth of Child (Month, day, year) 2-9-1889

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Magnus S. Quist
11. Color or Race White
12. Age at time of THIS birth 44½ yrs.
13. Birthplace — (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Placer Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theodosia Burr Wright
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 56 years, and that ____ (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES FEB.17, 1948

Theodosia Burr Quist — Signature
23 Almond St. Medford Ore — P. O. Address

Subscribed and sworn to before me this 27th day of June, 1945

(SEAL) Carly Dingwell — Notary Public, residing at Medford

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-208-020-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410905
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City .....
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: .....
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruth Hurst

5. Date of Birth of Child (Month, day, year) Oct 28 - 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hurst
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Dalles (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Cowsert
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas City (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 55 years, and that Malinda (First name) Hurst (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Thompson Signature
1321 Snake River Ave. Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of September, 1945.

(SEAL) ..... Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-216-029-135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410909
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ARIE MYRTLE DOUGHARTY

5. Date of Birth of Child (Month, day, year) FEB. 16th 1889

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME GEORGE HENRY DOUGHARTY
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace BERKLEY (City or town) CALIF. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME DORA JENNINGS
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace MISSOURI (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for always years, and that DR. ROTHWELL (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. W. Jessup Signature

Juliaetta, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of October 1945

(SEAL) Granville Kelly, Notary Public residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-12-006-667

413030

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rexburg
(c) Street Address or R.F.D. No. Gen. Deli.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? four yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Melburn R. White

5. Date of Birth of Child (Month, day, year) Feb. 12, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Alexander Roswell White
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pleasant Grove (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Angeline Fox
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lehi (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 56 years, and that NONE (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Irene Truscott — Signature
#3781 Mahuwaka 3781 PASADENA CALIF. — P. O. Address

Subscribed and sworn to before me this 7 day of NOVEMBER, 1945.

(SEAL) E. Lambert Johnson, Notary Public, residing at Pasadena Calif.
My Commission Expires Jan. 30, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code)

Received for filing on NOV 24 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381 201025-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 414176
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Edith Clarinda Chase

5. Date of Birth of Child (Month, day, year) June 1, 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Russell Chase
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace New Hampshire (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Richardson
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Oroville California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by husband attended the (First name) birth. (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that George Russell Chase, father (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leverna S Johnson Signature
Greencreek Idaho P. O. Address

Subscribed and sworn to before me this 27th day of December, 19 45.
(SEAL) Bertha McBangast, Notary Public, residing at Grangeville,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1946 by Mary Helen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-107-007-845

416286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416286
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (Rural) Home,
(e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey, Idaho

4. **FULL NAME OF CHILD** Claud, Faler,

5. Date of Birth of Child (Month, day, year) Oct. 7 1889

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles, Faler,
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ill, (City or town) (State or foreign country)
14. Exact Occupation Freighter, or, Teamster
15. Industry or Business Driver,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zeruah, Hunt,
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Bannock (City or town) Montana, (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature Dead M.D. Midwife Address Date

State of Indiana
County of Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 & 11 month years of age, that I have known this person for Life years, and that Mrs. James Carey (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Wright Faler Signature
x 487 Indiana Ave Hammond Ind P. O. Address

Subscribed and sworn to before me this 16th day of Feb, 1946.

(SEAL) Norman W. Freeman, Notary Public, residing at 539½ State St Hammond Ind

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

my Comm Expires 5-3-48

Received for filing on FEB 23 1946 by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-107-036-4169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417379
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Sabelle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Sabelle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sabelle Idaho

4. **FULL NAME OF CHILD** Samuel Rudger Scott

5. Date of Birth of Child (Month, day, year) 9/7/1889

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Scott
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia B. Morgan
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 56 years, and that [redacted] (First name) Jennette Poole (Last name) midwife, who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah M. Morgan Signature
Rigby Idaho Rt 6 Box 1 P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1946.
(SEAL) Paul A. Mason, Notary Public, residing at Rigby Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-212-027-651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418385
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Kamas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Camas
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Camas Ida.

4. FULL NAME OF CHILD Eva May Kite

5. Date of Birth of Child (Month, day, year) 12th Oct 1889

6. Sex Female

7. Twin or Triplet NO. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac Franklin Kite

11. Color or Race WHITE

12. Age at time of THIS birth 32 yrs.

13. Birthplace Springville (City or town) Utah (State or foreign country)

14. Exact Occupation Railroading

15. Industry or Business Hauling & laying Ties

MOTHER OF CHILD

16. FULL MAIDEN NAME Zerelda Evaline Weaver

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Fillville (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6-03 M. on the date and at the place stated above, and that personal particulars were furnished by ZRALDA E. KITE (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 56 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zerelda Evaline Kite Signature

Rigby Idaho R.R. #2 P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1945.

(SEAL) Paul A. Nelson, Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by Mary F. Blair, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-204035-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 418415
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county X years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Maxine LaVina Whitinger

5. Date of Birth of Child (Month, day, year) Oct. 4, 1889

6. Sex Female

7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd ———

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jason Whitinger
11. Color or Race White
12. Age at time of THIS birth ... yrs.
13. Birthplace Neola (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Elnora Lyons
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name) who is related as ... (Mother, etc.)

25. Attendant's OWN signature ... M.D. Midwife ... Address ... Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 56 years, and that Name unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred M Whitinger Signature
1025 University St., Clarkston, Wash P. O. Address

Subscribed and sworn to before me this 22nd day of April, 19 46.

(SEAL) Gust C Valsey, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1946 by Mary Folder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-112003-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420647
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Born in own parents' home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Chesterfield, Idaho

4. **FULL NAME OF CHILD** MELVIN NELSON HOGAN

5. Date of Birth of Child (Month, day, year) January 12, 1899

6 Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels Jenson Hogan
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Bargason
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
20. Exact Occupation Farmwife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 57 years, and that Mary Ann (First name) Tolman (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine B. Hayson Signature
Bancroft, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of June, 1946

(SEAL) Marjorie C. Christensen, Notary Public, residing at Bancroft, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 25 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-209014-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423220
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Notus
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Emma Katherine Corran

5. Date of Birth of Child (Month, day, year) Apr. 9-1889

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick Frank Corron.
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Hatfield
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth May Talbot (First name) (Last name) who is related as Older Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date Aug. 27-1946

State of Idaho Wash.
County of Ada King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 57 years, and that Dr. Isham (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth May Talbot Signature
Seattle-6-Washington 2711-48th Ave. S.W. P. O. Address

Subscribed and sworn to before me this 27th day of August, 1946.

(SEAL) Harold M. Trulin Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-229-0035-997

425983

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) 12

4. FULL NAME OF CHILD Sarah Isabelle Griffin

5. Date of Birth of Child (Month, day, year) 12-29-1889

6. Sex Female

7. Twin or Triplet If so—born First 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J. Griffin
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Boston (City or town) Mass (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tresa Ann Riggs
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Grayson Co (City or town) Kentucky (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by W. J. (First name) Griffin (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 57 years, and that William J. (First name) Griffin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Philips Signature

P. O. Address

Subscribed and sworn to before me this 12th day of Oct, 1946

(SEAL) Fred L. Wooten Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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296-12-006-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426030
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Butler Island
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Butler Island
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Butler Island Ida

4. **FULL NAME OF CHILD** James Alexander Brown

5. Date of Birth of Child (Month, day, year) March 12, 1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Lysander Brown
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Sylvia Rice
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P.M. on the date and at the place stated above, and that personal particulars were furnished by Rachel Brown (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Tulare } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 57 years, and that Irene Cure (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Sylvia Brown Signature

P. O. Address

Subscribed and sworn to before me this 4 day of April, 1946

(SEAL) Harley F. Batten, Notary Public, residing at Paterville Cty

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

NOTARY PUBLIC
In and for Tulare County, California
My Commission Expires Feb. 11, 1950

Received for filing on NOV 1 1946 by John W. Lyons State Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-204-025-997

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426037
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Ida

4. **FULL NAME OF CHILD** Bertha May McCready

5. Date of Birth of Child (Month, day, year) April, 4, 1889

6 Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sylvester McCready
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Mariposa (City or town) California (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Eleanor Riggins
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Prescott (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Garfield } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 57 years, and that Dr. S. F. Bibby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Julia S. Odle Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of October, 19 44
(SEAL) Mae Shoemaker Notary Public, residing at Clarkston, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155-227.003-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City Oneida
(c) Street Address or R.F.D. No. farm house home
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery:
In THIS county 14 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City ONEIDA (ARIMO)
(d) Street Address or R.F.D. No. farm home
(e) How long has MOTHER lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD IDA ELIZABETH JENKINS

5. Date of Birth of Child (Month, day, year) Aug 27, 1889

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Jenkins
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Near CARDIFF (City or town) WALES (State or foreign country)
14. Exact Occupation RANCHER & STOCKMAN
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Louisa Loveless
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace PROVO (City or town) UTAH (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 57 years, and that Mrs (First name) Nancy MARLEY (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Edwards Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1946.
(SEAL) Marie V. Stone, Notary Public, residing at Pocatello, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-226029-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429052
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD CLARA OLIVIA WESTBERG

5. Date of Birth of Child (Month, day, year) Feb. 26, 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ANDREW WESTBERG
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME CHARLOTTA CAROLINE OLSON
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5th

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all her life years, and that Mrs John Larson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilma Westberg Bohman Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1947.

(SEAL) E. Brooke Notary Public, residing at Troy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1947 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-227-003-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429061
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery: In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 mo. yrs.
Only one year after birth

3. RESIDENCE OF FATHER (city, state) Oxford, Idaho

4. FULL NAME OF CHILD AUGUSTA RAMONA GREEN

5. Date of Birth of Child (Month, day, year) Dec. 27, 1889

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Hudson Green
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Monmouth (City or town) Virginia (State or foreign country)
14. Exact Occupation Newspaper Reporter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie M. House
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Fredricksburg (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Ohio
County of Lucas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for ..... years, and that JACOB C. HOUSE, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie M. Green Signature
2004 N. Cove Boulevard, Toledo, O. P. O. Address

Subscribed and sworn to before me this 10th day of January 1947.
(SEAL) Jane Meyers Sutter Jane Meyers Sutter Notary Public, residing at Toledo, Ohio
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1947 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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691 201 003 415

United States
Department of Commerce
Bureau of the Census

FEB 1 1947

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Cleveland Ave
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Bloduwen Francis

5. Date of Birth of Child (Month, day, year) March, 1st 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Llewellyn Francis
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dowlais, Wales (City or town) (State or foreign country)
14. Exact Occupation Boiler maker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Davis
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Dowlais, Wales (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 4 (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 57 years, and that Dr. and nurse (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Klinkert Signature
1142 West 97th St Los Angeles California Address

Subscribed and sworn to before me this 7 day of February, 1947.

(SEAL) J. M. Fahey Notary Public, residing at L.A. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-219014849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430542
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Delora Inez Cox

5. Date of Birth of Child (Month, day, year) Feb. 19, 1859

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James M. Cox
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Hurt
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Richmond Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for her entire life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anderson M. Cox Signature

P. O. Address

Subscribed and sworn to before me this 15 day of February 1946

(SEAL) Clem Brown, Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431990
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho Territory (b) County
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) VAN WYCK IT

4. FULL NAME OF CHILD Jesse Seibert Wilson

5. Date of Birth of Child (Month, day, year) 11-7-1889

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ezra Albert Wilson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Iola, Kansas (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Dietrich
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 57 years, and that ~~Jesse Seibert Wilson~~ (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Jesse Barr Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1947

(SEAL) Frank D. Ryan Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W. Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

543-214-029-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433379
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Elva Valentine Nuttall

5. Date of Birth of Child (Month, day, year) Feb. 14, 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Nuttall
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Livery Stable
15. Industry or Business Stage Lines

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Henrietta Whitley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salem (City or town) Oregon (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
City and County of San Francisco } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the first cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for over 50 years, and that not known (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose E. Hatch Signature
763-22nd Ave. San Francisco, Cal. P. O. Address

Subscribed and sworn to before me this 12th day of March, 1947

(SEAL) Nina C. Pulsan, Notary Public, residing at San Francisco California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 4 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-219-007-231

APR 12 1947

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433431
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Jessie Rood Lamb

5. Date of Birth of Child (Month, day, year) Apr. 19, 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Porter Lamb
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kankakee (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah M. Slates
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Red Oak (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 58 years, and that Dr. (First name) Brown (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah M. Lamb Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 28th, day of March 1947

(SEAL) R. H. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-113-022-253 437822 **437822**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 4 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewisville Idaho

4. **FULL NAME OF CHILD** George Franklin Boyce or known as Frank H. Boyce

5. Date of Birth of Child (Month, day, year) Dec. 13. 1889

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Henry Boyce
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace So. Cottonwood (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Belck
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kansas (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 57 years, and that Jane (First name) Fox (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Boyce Signature
1278 Mound ave. Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 28 day of June, 1947.
(SEAL) John L. Bloem, Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-223-004-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437851
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents private home
(e) Mothers stay BEFORE delivery: In THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Ovid Idaho

4. FULL NAME OF CHILD Elizabeth Anne Serene Johnson
5. Date of Birth of Child (Month, day, year) May 23, 1889
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Johnson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Annette Sorensen
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Asker (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Peterson (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 58 years, and that Martha Carlson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Peterson Signature

P. O. Address

Subscribed and sworn to before me this 1 day of July 1947.

(SEAL) Ken Acord, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Recorder's typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-125-030-857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437865
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Junction City
(c) Street Address or R.F.D. No. Junction City, Idaho
(d) Name of Hospital or Maternity Home: Home birth
(e) Mothers stay BEFORE delivery: All her life. In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction City
(d) Street Address or R.F.D. No. ~~Junction City~~
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same as Mother

4. FULL NAME OF CHILD John David Patton

5. Date of Birth of Child (Month, day, year) Dec. 25, 1889

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Ray Patton
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Anelia Yearian
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace ~~St. Paul, Minn.~~ (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P.M. on the date and at the place stated above, and that personal particulars were furnished by Harry S. Cottom (First name) (Last name) who is related as Brother-in-law (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother-in-law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 58 years, and that Mary Stevenson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry S. Cottom Signature
1571 Elm Av. Long Beach, Cal. P. O. Address

Subscribed and sworn to before me this 12th day of July, 1947

(SEAL) Mae Leah Brown Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Sept. 4, 1949

Received for filing on JUL 19 1947 by John [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439366
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City State Idaho
(c) Street Address or R.F.D. No. PO Address - Palouse, Wn.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City PO Address - Palouse, Washington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 70 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co., Idaho

4. FULL NAME OF CHILD LELA LAYTON

5. Date of Birth of Child (Month, day, year) Dec. 15, 1889

6 Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Brenton Layton
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Albany, Oregon (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business saw mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Minerva Emoline Williams
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Toronto, Woodson Co., Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date Minerva Emoline Layton

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 58 years, and that Dr. Graham and Mrs. Sarah Burden (First name) (Last name), who attended this birth are now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Correct signature -- Minerva Emoline Layton

Minerva Emoline Layton Signature
516 West First Street, Moscow, Idaho Address

Subscribed and sworn to before me this 11th day of August, 1947

(SEAL) Lawrence E. Huff Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on AUG 15 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 205004 4/5

440805

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 440805
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, st Georgetown Ida

4. FULL NAME OF CHILD Sarah Ann Larsen

5. Date of Birth of Child (Month, day, year) Aug. 5 1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Larsen
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Rands
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister in Law (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 53 years, and that Alice Jenett Tippets (First name) (Last name), who attended this birth Died Oct. 1915 (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jeanette Pecora Signature

Route 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of August, 1947

(SEAL) Karl Epperson Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1947 by John W Wright, Registr

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-212-036-295

440839

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440839
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City CLIFTON
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: HOME
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City CLIFTON
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) CLIFTON IDA

4. FULL NAME OF CHILD ALICE IRENE HENDERSON

5. Date of Birth of Child (Month, day, year) 6-12-1929

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MARTIN HENDERSON
11. Color or Race WHITE, AM.
12. Age at time of THIS birth 33 yrs.
13. Birthplace KAYSVILLE (City or town) UTAH USA (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SUSAN E. BINGHAM
17. Color or Race WHITE, AM.
18. Age at time of THIS birth 34 yrs.
19. Birthplace PLEASANT GROVE (City or town) UTAH, USA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 58 years, and that Jane Howell (Midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Annetta H Egbert Signature
32 Bryan Ave Salt Lake City P. O. Address

Subscribed and sworn to before me this 2nd day of September, 1947

(SEAL) Thomas Wiseman Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1947 by John W. Wing, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

440859 440859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Hagerman
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County
   (c) City Hagerman Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** OTIS, ALVIN THOMPSON

5. Date of Birth of Child (Month, day, year) OCT. 25, 1889

6. Sex MALE

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES STOCKS THOMPSON
11. Color or Race ANGLO-SAXON
12. Age at time of THIS birth 30 yrs.
13. Birthplace HANSONVILLE, CALIF (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA LOUISA DARBY
17. Color or Race ANGLO-SAXON
18. Age at time of THIS birth 24 yrs.
19. Birthplace HANSONVILLE, CALIF. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dona (First name) Thompson (Last name) who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature Dona Thompson M.D. Midwife Address Hagerman Ida Date 9-9-47

State of Idaho
County of Gooding } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 57 years, and that Dona (First name) Thompson (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Dona Thompson Signature

Hagerman P. O. Address

Subscribed and sworn to before me this 9 day of September, 1947.

(SEAL) Andrew Ferguson, Notary Public, residing at Hagerman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1947 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-117-008-289

442200

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 442200
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Roseberry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Roseberry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leroy Blankenship

5. Date of Birth of Child (Month, day, year) 8/17/1889

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Jackson Blankenship
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Newton Co (City or town) Missouri (State or foreign country) USA
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Alice Shira
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ohio (City or town) USA (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing was used

23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living yes (all)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Effie Blankenship Estes (First name) (Last name), who is related as own blood sister (ten years older) (Mother, etc.) Was old enough tohelp with housework but did not attend at bedside -- midwife

25. Attendant's **OWN** signature Effie Blankenship Estes M.D. Midwife Address Melissa Thompson now deceased. Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the older (10 years) sister (Mother, etc.) the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all his life years, and that Melissa Thompson (First name) (Last name), who attended this birth, is ~~not~~ deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (I was there and well remember his birth)

Effie Blankenship Estes Signature
803 Guirado Road, Whittier, California P.O. Address

Subscribed and sworn to before me this 1st day of October, 19 47

NOTARY PUBLIC (SEAL) In and for the County of Los Angeles, State of California Alice J. Macnel, Notary Public, residing at Whittier, Calif
My Commission Expires August 27, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1947 by John W. Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents; money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chcpter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-212-035-433

443699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443699
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Leona Baker

5. Date of Birth of Child (Month, day, year) 7-12 1939

6 Sex Female 7 Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Baker
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Mill man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Ellen McCoy
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 58 years, and that Ida E. (First name) Watts (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Bertha May Wright Signature
Southwick Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of December 1947.

(SEAL) R O Brown, Notary Public, residing at Anderson, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-271-004-651

445010

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445010
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bennington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bennington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Bennington Ida

4. **FULL NAME OF CHILD** Lulie Maud Hulse

5. Date of Birth of Child (Month, day, year) Oct 21, 1899

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Edward Hulse
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Manchester (City or town) Lance England (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Weaver
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 4 a.M. on the date and at the place stated above, and that personal particulars were furnished by Geralda E. Hite (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 37 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geralda E. Hite Signature
Rigby R.2 Ida. P. O. Address

Subscribed and sworn to before me this 9th day of December, 1947.

(SEAL) Paul Weiser, Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 15-1947 by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-127036-319

DEC 15 1947 445017

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445017
Local Reg. No.
Reg. Dist. No.

445017

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Battle Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Battle Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Battle Creek Ida.

4. FULL NAME OF CHILD William Lorenzo Taylor, Jr.

5. Date of Birth of Child (Month, day, year) 1-27-89

6. Sex Male

7. Twin or Triplet no

It so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Lorenzo Taylor, Sr.
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Railroad Employee
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ada Carter
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Nephi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 58 years, and that Fanny (First name) Swan (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sara Ada Taylor Signature
Roy, Utah P. O. Address

Subscribed and sworn to before me this 12 day of Dec, 1947.
(SEAL) Samuel R. Barton, Notary Public, residing at Ogden Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1947 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital ~~Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-207.007-368

447689

447689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Broadford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at the family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Broadford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Broadford Idaho

4. **FULL NAME OF CHILD** Marcella Donahue

5. Date of Birth of Child (Month, day, year) 12-7-1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Donahue
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Huntingdon (City or town) Canada (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Gertrude Coyle
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Andenried (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 53 years, and that Dr. R. Sweet (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcella C. Shea Signature
1534 West 57th Seattle Wash. O. Address

Subscribed and sworn to before me this 16 day of July, 1943.

(SEAL) F. G. Bennis Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1948 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

819 - 214-044-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Rose Etta Harpe

5. Date of Birth of Child (Month, day, year) 11/14/1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Tolbert Harpe
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Little Rock (City or town) Arkansas, (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Kessler
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Summerville, (City or town) West Virginia (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Adams } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 58 years, and that Sarrah, Harpe (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Young Signature
Council, Idaho. P. O. Address

Subscribed and sworn to before me this 9 day of March, 1948.
(SEAL) [illegible], Notary Public, residing at Council Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-201-001-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0120
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 6th + Grove Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Grove Street
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Elizabeth Alice Redway

5. Date of Birth of Child (Month, day, year) August 1st 1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Frances Redway
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Vancouver (City or town) Washington (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business First National Bank of Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Turner Davis
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Milwaukee (City or town) Wisc. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 2 (a) At time of birth and including this child 0 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 58 years, and that Doctor Dubois (First name) (Last name), who attended this birth yes (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth C. Redway Signature
P. O. Address

Subscribed and sworn to before me this 18 day of March 1948.
(SEAL) A. Johnson, Notary Public, residing at Fruma Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 26 1948 by John H. Wright L.R., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-208-003-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 77 yrs.

3. RESIDENCE OF FATHER (city, state) SwanLake, Ida.

4. FULL NAME OF CHILD Essie May Quigley

5. Date of Birth of Child (Month, day, year) Jan. 8, 1889

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Thaddeus Quigley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Farmington, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Ann Hadley
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth ~~and~~ including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 59 years, and that Dr. House of Swan Lake, Idaho (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Ann Quigley Yeamon Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March 19 48

(SEAL) M Wilson, Notary Public, residing at Rupert Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 30, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-026-022-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0509
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Salem
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Salem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Adolphus Browning

5. Date of Birth of Child (Month, day, year) December 26, 1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Henry Browning
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Adeline Woodward
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Reugeburg (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive; stillborn) at Salem Idaho M. on the date and at the place stated above, and that personal particulars were furnished by David James Browning (First name) (Last name) who is related as Brother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 58 years, and that David James Browning (First name) (Last name), who attended this birth is dec (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David James Browning Signature
St Anthony Idaho Route 1 P. O. Address

Subscribed and sworn to before me this 12 day of July, 1948

(SEAL) Postmaster, Notary Public, residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1948 by John W Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-228-029-485

RECEIVED
SEP 27 1948
DIVISION OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0770
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Lillie Pearl Rice

5. Date of Birth of Child (Month, day, year) October 28, '89

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 Mo

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Henry Rice
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Yamhill County, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Avis Carrie Myers
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Republic County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know.
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of WASHINGTON,
County of ASOTIN, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 59 years, and that Mrs. John (First name) Culdice (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Lewiston, Idaho
P. O. Address

Subscribed and sworn to before me this 24th day of September, A.D., 1948

(SEAL) Notary Public, residing at Clarkston, Wash

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1948 by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1948

FILE # FROM 770 TO DE48-0770 1/11/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-126-040-386

United States
Department of Commerce
Bureau of the Census

RECEIVED
OCT 2 1948
STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0797
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Richard Leslie Freeman

5. Date of Birth of Child (Month, day, year) 10/26/39

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Leslie Freeman
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Thomas
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Swansea (City or town) Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Or Machette (First name) (Last name), who attended this birth is Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H. Thomas Signature
1516 S.E. Portland 2 P. O. Address

NOTARY PUBLIC FOR OREGON
My Commission expires May 6, 1950

Subscribed and sworn to before me this 3rd day of September 1948
(SEAL) Elvin B. Shannon, Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 4, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1948

FILE # FROM 797 TO DE48-0797 1/11/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-209-028-845

United States Department of Commerce Bureau of the Census

RECEIVED DEC 13 1948 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1011
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items must be of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum

4. FULL NAME OF CHILD Ruth Evelyn Rogers

5. Date of Birth of Child (Month, day, year) Sept 9th 1889

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William C. Rogers
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace St. Joseph (City or town) Michigan (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Olive Hunt
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Madison. Wisc. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 59 years, and that Mrs. Henry Melder (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie O Thompson Signature
Rathdrum. Idaho. P. O. Address

Subscribed and sworn to before me this 11th day of November, 1948.
(SEAL) , Notary Public, residing at Rathdrum
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 14, 1948 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1011 TO DE48-1011 1/25/13 KMC

DEC 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-125
016-268

RECEIVED
JAN 17 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1091
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) ~~City~~ On Cedar Creek
   (c) Street Address or R.F.D. No. no P.O.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) ~~City~~ Rauch on Cedar Creek.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cassia County Idaho

4. **FULL NAME OF CHILD** Orlando Vernon Calhoun

5. Date of Birth of Child (Month, day, year) April 25, 1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orlando F. Calhoun
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Brantsville (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Virginia Boyd
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Springfield (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living ~~4~~ 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 59 years, and that Darinda Boyd (First name) Blackwell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia H. Lough — Signature
Rt. 3 Burley Idaho — P. O. Address

Subscribed and sworn to before me this 13th day of Jan 1949

(SEAL) Mabel Sandgren, Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 18, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 18 1949

FILE # FROM 1091 TO DE49-1091 2/4/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-207-007-629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1402
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Florence Sarah Mack.

5. Date of Birth of Child (Month, day, year) May 7, 1889

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Winfield Scott Mack
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret O'Brien
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace San Francisco, Calif (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 59 years, and that Rob Brown (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Mack Signature
811 E. Bannock St. P. O. Address

Subscribed and sworn to before me this 29 day of April, 1949.
(SEAL) Elizabeth M. Jensen, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 3, 1949 by W. A. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-217-001-869

RECEIVED

MAY 9 1949

DIV. OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at this birth)
(a) County Ada (b) City Boise (6 miles E.)
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise (6 miles east of)
(d) Street Address or R.F.D. No. ?
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) 6 miles east of Boise

4. FULL NAME OF CHILD Rosie Idella Lambrigger

5. Date of Birth of Child (Month, day, year) Aug. 17. 1889

6. Sex Female 7. Twin or Triplet If so-born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alphonse John Lambrigger
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Belle Hough.
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Aurora Ill. (City or town) (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 83 years of age, that I have known this person for 46 years, and that ****Spanking (First name) Midwife (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caesar V. Lambrigger Signature
1716 E. 6th St. Long Beach 6, Calif. Address

Subscribed and sworn to before me this 5th day of April 1949

(SEAL) Jesse M. Henderson, Notary Public, residing at Long Beach, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Aug 2 1950

Received for filing on May 9, 1949 by W. L. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-102-019-469

RECEIVED
MAY 16 1949
BUREAU OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Custer Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Custer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Louis Claud Montague

5. Date of Birth of Child (Month, day, year) 2 April 1889

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd ~~Second~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EDWARD EPHRAIM MONTAGUE
11. Color or Race WHITE **12.** Age at time of THIS birth 23 yrs.
13. Birthplace PAYSON (City or town) UTAH (State or foreign country)
14. Exact Occupation Amalgamator ZUARTZ MINING
15. Industry or Business ZUARTZ MINE

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Marriott
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Ogden (City or town) Weber Co. Utah (State or foreign country)
20. Exact Occupation House Work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ~~[illegible]~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Mateo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 7 years of age, that I have known this person for life years, and that Dr. E. Lewis (First name) (Last name), who attended this birth ~~[illegible]~~ (Is not deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Montague Signature
840 Vera Ave. Redwood City California P. O. Address

Subscribed and sworn to before me this 16 day of November, 19 42
(SEAL) Elinor L. Silvers Notary Public, residing at San Mateo California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1949 by W. L. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-227-032-365

RECEIVED
MAY 31 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At home at time of this birth)
(a) County LINCON (b) City HAGERMAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCON
(c) City HAGERMAN
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) HAGERMAN, IDAHO

4. FULL NAME OF CHILD RUBY ELLEN THURMAN

5. Date of Birth of Child (Month, day, year) Sept 27, 1889

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME THEODORE THURMAN
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace BROWNVILLE NEBRASKA (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ELLEN CONKLIN
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace MARSHELLTOWN IOWA (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Inyo } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 53 years, and that Adeline Conklin (my grandmother) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Mabel Boyer Signature
P.O. Box 174-Lone Pine, Calif. P. O. Address

Subscribed and sworn to before me this 27th day of May, 1949

(SEAL) Ruth Dennerly, Notary Public, residing at Lone Pine, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 1, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 - 121 - 016 - 455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Marion, Idaho

4. FULL NAME OF CHILD Francis, White,

5. Date of Birth of Child (Month, day, year) Dec 21, 1889

6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Walter, G, White
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine, Meecham
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation house wife,
21. Industry or Business sewing, house keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Blind (Born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Franks (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address [illegible] Date [illegible]

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 60 years, and that Sarah Franks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs R W Baldwin Signature
Picabo, Idaho P. O. Address

Subscribed and sworn to before me this 16th. day of May, 1949

(SEAL) D W Walker, Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 6, 1949 by W B Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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456 - 221 - 029 - 295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1514
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Juliaetta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None Home Delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Latah years 4 yr months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Juliaetta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Juliaetta

4. **FULL NAME OF CHILD** Sylvia Maude Dew.

5. Date of Birth of Child (Month, day, year) June 2 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Dew
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wexford England (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Donna Brewer
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cherryvale Kan. (City or town) (State or foreign country)
20. Exact Occupation Farmers wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister Deceased (~~Father~~, Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that ..... (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Almeda McGuire Signature
Sweetwater Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1949.

(SEAL) A.B. McCluney, Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 6, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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443-101-028-255

RECEIVED
JUN 23 1949
BUREAU OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1569
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Kootenai (b) City near St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Albert Ducommun

5. Date of Birth of Child (Month, day, year) Dec. 1, 1889

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emile Ducommun
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Gentile
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for since birth years, and that Mrs. Frank Scott, Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stephen Ducommun Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of June 1949.

(SEAL) ..... Notary Public, residing at St. Maries, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 24, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433 - 204-029-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
JUN 29 1949
DIVISION OF VITAL STATISTICS

State File No. DE49-1582
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City near South wick Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Southwick Ida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7months yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Myrtle May McClain

5. Date of Birth of Child (Month, day, year) Nov4-1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Creston Boone McClain
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) (State or foreign country) Indiana
14. Exact Occupation Section Foreman
15. Industry or Business Northern Pacific

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Samantha Huffman McClain
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) (State or foreign country) Canton Ill
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for years, and that Dr. Wait (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samantha McClain Signature

Freewater Oregon P. O. Address

Subscribed and sworn to before me this 14th day of June, 1949

(SEAL) Notary Public residing at Freewater Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 1[illegible] Commission Expires 2/12/52

Received for filing on June 27, 1949 by W. L. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165 - 216-012-359

RECEIVED

AUG 12 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1738
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Butte (b) City Howe
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Butte
   (c) City Howe
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 87 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lulu Jones

5. Date of Birth of Child (Month, day, year) Oct 16 1889

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hasbert R. Jones
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Carmarthen (City or town) Wales (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Leigh Jones
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Carmarthen (City or town) Wales (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 59 years, and that Jane (First name) Kyle (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. L. Jones Signature

D. L. Jones 839 Woodville Ave El Monte Calif P. O. Address

Subscribed and sworn to before me this 11 day of August, 19 49

(SEAL) Henry B. Johnson Notary Public, residing at El Monte, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 1 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-211-029-593

RECEIVED

SEP 6 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1825
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Lenville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Lenville
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lenville, Ida.

4. **FULL NAME OF CHILD** Ellen Emelia Peterson

5. Date of Birth of Child (Month, day, year) Oct. 11, 1889

6. Sex fem

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claus Uno Peterson
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Lilla Klo (City or town) Sweden (State or foreign country)
14. Exact Occupation
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Matilda Erlandson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lilla Klo (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the step-mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 59 years, and that Dr. W. Worthington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dia L. Peterson Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of August, 19 49

(SEAL) Robert M. Peterson Notary Public, residing at Th[illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Sept 7, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-103-089-319

RECEIVED SEP 19 1949 DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1868
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Box Logan Maybelle Ave
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Box Logan Maybelle Ave
(e) How long has MOTHER lived in Idaho? Deceased yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Ernest Walter Lundquist

5. Date of Birth of Child (Month, day, year) Dec. 3, 1889

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Gotfred Lundquist
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Larson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Waseca Co. Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Matilda Larson (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 59½ years, and that Doctor (First name) Watkins (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodor Lundquist Signature
607 East 7th St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of September 1949

(SEAL) W. Wilson Probate Judge Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 19, 1949 by W. Wilson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-224-[illegible]

United States
Department of Commerce
Bureau of the Census

OCT 22 1949
DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1974
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassie (b) ~~City~~ Town Oakley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Cassie
(c) ~~City~~ Town Oakley
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho.

4. FULL NAME OF CHILD Mary Alfretta Tolman

5. Date of Birth of Child (Month, day, year) Sept. 24. 1889

6 Sex Female

7. Twin or Triplet Single Birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Albert Tolman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stockton, Utah U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emeline Jordan
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Stockton, Utah U.S.A (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 4.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

~~State~~ Province of British Columbia
County of Vancouver } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 90 years of age, ~~that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emeline Jordan Signature
1036 Salisbury Dr. Vancouver B.C. P. O. Address

Subscribed and sworn to before me this 19th day of October, 1949.

(SEAL) ..... Notary Public, residing at Vancouver British Columbia Canada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 24 1949 by ..... Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-213-044-395

RECEIVED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DIVISION OF VITAL

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1988
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley Ida.

4. FULL NAME OF CHILD Susie Elizabeth Linder

5. Date of Birth of Child (Month, day, year) May 13 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Isaic Linder
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kirksville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Eunice Lindsey
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oakland (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 60 years, and that Mrs. Dodge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Julia Brown Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 5th day of October 1949

(SEAL) J. H. Goodright, Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 17, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-222-006-851

RECEIVED

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: ------
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 6 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ... yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho (Decd)

4. **FULL NAME OF CHILD** Isabel Jennie Misslen

5. Date of Birth of Child (Month, day, year) Nov. 22, 1889

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon Misslen
11. Color or Race white
12. Age at time of THIS birth ... yrs.
13. Birthplace Lorraine (City or town) France (State or foreign country)
14. Exact Occupation Farming and stock
15. Industry or Business raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Ladmen Heaton
17. Color or Race white
18. Age at time of THIS birth ... yrs.
19. Birthplace St. Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) ... (Last name) who is related as ... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 59 years, and that John W. Givens (First name) ..., (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie L. Misslen Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of October, 1949.

(SEAL) John A. Jones, Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 1, 1949 by E. L. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-229-033-667

RECEIVED NOV 22 1949 DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

(Require the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2050
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison. (b) City Rexburg.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home at home At home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho. (b) County Madison.
(c) City Rexburg.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sarah May Hopkins-

5. Date of Birth of Child (Month, day, year) May 29, 1889

6. Sex Girl. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 9 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Daniel Hopkins.
11. Color or Race White 12. Age at time of THIS birth 47. yrs.
13. Birthplace Ohio. (City or town) (State or foreign country)
14. Exact Occupation I don't know City or Co.
15. Industry or Business small farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda Foglebergs.
17. Color or Race white. 18. Age at time of THIS birth 34. yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Malma. Sweeden.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive. (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lydia W Henry. (First name) (Last name) who is related as Sister. (Mother, etc.)

25. Attendant's **OWN** signature Lydia W Henry M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75. years of age, that I have known this person for all of her life and that unknown (First name) (Last name), who attended this birth unknown to me (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia W. Henry Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of November, 19 49.
(SEAL) Eeuwen, Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 22, 1949 by W U Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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955-201-028-565

RECEIVED
DEC 7 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2105
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months few days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Colorado (b) County
   (c) City Loveland
   (d) ~~Street Address or R.F.D.~~ No. They were traveling
   (e) How long has **MOTHER** lived in Idaho? a few days ~~years~~

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Elizabeth Jane Reed

5. Date of Birth of Child (Month, day, year) June 1-1889

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Vett S. Reed
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rausa Novella Reed
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Golden City, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for most of her life ~~years~~, and that Susan Carpenter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alverla May Groves Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 5th day of December, 1949

(SEAL) J. R. Harris Probate Judge, Notary Public, Residing at Sandpoint Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 7, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-212-036-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-2107
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Edward Jones			2. Date of Birth (month) Dec. (day) 12 (year) 1889
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Malad, Oda. Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Edward Simon Jones			7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Sarah Agnes Williams			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Edward Jones (Schneider)		11. Present Address of Registrant: Salt Lake City, Utah 155 East 6th South
NOTARY (Seal) 7-18-1955	Subscribed and sworn to before me on April 29th 1955	12. Signature of Notary: Viola B. Hutton Residing in Salt Lake City		13. Notary Commission expires July 18, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: Holy Cross Hospital Salt Lake, Utah	Date Issued:	Date Orig. Entry: Aug. 4, 1923
Class* B	Date of Birth: Dec. 12, 1889 / Birth Place: Idaho	Full Name of Mother:	Name of Father: Edward Jones	
SUPPORTING RECORD 2.	Type of Document: Marriage Register	By whom issued and signed: State of Idaho County of Bingham	Date Issued: Apr. 9, 1913	Date Orig. Entry:
Class B	Date of Birth: 23 yrs old / Birth Place: Malad City, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Mrs. Elizabeth Fox	Date Issued: Dec. 10, 1949	Date Orig. Entry:
Class B	Date of Birth: Dec. 12, 1889 / Birth Place: Malad, Idaho	Full Name of Mother: Sara Agnes Williams	Name of Father: Edward S. Jones	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Dec. 9, 1949

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FILE F FROM 2107 TO DE49-2107 12/9/2013-LLE

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 2107
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad Ida

4. **FULL NAME OF CHILD** Lenka Jones

5. Date of Birth of Child (Month, day, year) Dec. 12 - 1889

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward S Jones
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sara Agnes Williams
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Empire City Nev (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 59 years, and that DR DRAKE (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Fox Signature
Tacoma P. O. Address

Subscribed and sworn to before me this 9th day of December 19 49
(SEAL) Mabel Fletcher, Notary Public, residing at Banks Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-9-49 by W L Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Married Name - Margaret I Magel - nee - Williams

683-325-007 RECEIVED

United States Department of Commerce Bureau of the Census

DEC 23 1949 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-2156
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items relate to time of this birth)
(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Broadford - Ida

4. FULL NAME OF CHILD Margaret Idaho Williams

5. Date of Birth of Child (Month, day, year) 10-25-89

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Daniel Williams
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace American Ship - US Travel (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth-Ann-Harrington
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace New York City N.Y. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 60 years, and that Unknown (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Williams Smith Signature
Gooding Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1949.
(SEAL) Leona Wooke Notary Public, residing at Gooding Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-27-49 by W W Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-202-014-556

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-69
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Elizebeth Rowland			2. Date of Birth (month) (day) (year): Feb. 2 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caldwell Canyon	b. City or Town of Birth: Caldwell Idaho
FATHER	6. Full Name of Father: Jesse Dotson Rowland			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Frances Newland			9. State or Country of Mother's Birth: near Caldwell Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta E. Mumford		11. Present Address of Registrant: Caldwell Idaho 616 Cleveland
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1950	12. Signature of Notary: Nell Wilson		13. Notary Commission expires: June 8 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Affidavit Nell Wilson, Notary, viewed the family Bible	Date Issued: Apr. 18,50	Date Orig. Entry: Feb.2,1889
Class* A	Date of Birth: Feb. 2,1889 / Birth Place:	Full Name of Mother: Mary Rowland	Name of Father: Jesse Rowland	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Dr. F. D. Frarrer	Date Issued: May 1,1918	Date Orig. Entry: May 1, 1918
Class B	Date of Birth: 29 yrs / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felder	Apr. 20, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

133-214-026-751

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-114
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie Allsop.			2. Date of Birth (month) June (day) 14 (year) 1889
	3. Color or Race	4. Sex	5. Place of Birth a. County	b. City or Town of Birth: Grays Lake Idaho
FATHER	6. Full Name of Father: Thomas Allsop.			7. State or Country of Father's Birth: Utah U. S. A.
MOTHER	8. Full Maiden Name of Mother: Sylvia Ann Peart Allsop.			9. State or Country of Mother's Birth: Utah U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie A. Greene		11. Present Address of Registrant: 676 2nd ave Salt Lake City
NOTARY (Seal)	Subscribed and sworn to before me on May 19th 1950	12. Signature of Notary: J. Fowler Bone		13. Notary Commission expires April 22 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Church of Jesus Christ of Latter Day Saints	Date Issued: Apr. 28, 50	Date Orig. Entry: 7-8-1889
Class* A	Date of Birth: June 14, 1889 / Birth Place: Grey's Lake, Ida	Full Name of Mother: Sylvia Ann Peart	Name of Father: Thomas Allsop	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mountain States Inc. Co.	Date Issued: 8-1-45	Date Orig. Entry: 8-1-45
Class B	Date of Birth: June 14, 1889 / Birth Place: Grey's Lake, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by		Date Filed: May 23, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Copy sent

291-208-044-462

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-159
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Dorothy Bramblee		2. Date Of Birth (month) June (day) 8 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Miles Libanous Bramblee		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Emily Alice Moser		9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara D. Kinney	11. Present Address of Registrant: Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 6 1950	12. Signature of Notary: Walter F. Belden	13. Notary Commission expires May 7, 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: State Ins. Co. of Montana	Date issued: 7/25/22	Date Orig. Entry: 7/25/22
Class* B	Date of Birth: 6/8/1889 / Birth Place: Council, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Idaho Cert. No. 184389 Birth Certificate of Child	By whom issued and signed: Dr. R. Cummings, Emmett, Ida.	Date issued: 9/23/30	Date Orig. Entry: 9/23/30
Class B	Date of Birth: Age was 20 on 8/3/09 / Birth Place: Council, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Idaho Cert. No. 4462 Birth Certificate of Child	By whom issued and signed:	Date issued: 1/15/12	Date Orig. Entry: 1/15/12
Class B	Date of Birth: Age was 22 on 1/15/12 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Wanda Evans	Date Filed: 7-6-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

141-218-029-953

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-182
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Adams		2. Date of Birth (month) 1 (day) 18 (year) 1889	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kendrick, Idaho Latah Co.	b. City or Town of Birth: Kendrick Idaho
FATHER	6. Full Name of Father: William P. Adams		7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: ~~not known~~ Arabelle Riley		9. State or Country of Mother's Birth: not known	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Adams	11. Present Address of Registrant: 908 Lakeshore Dr. Elsinore Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1950	12. Signature of Notary: Margary Trivett	13. Notary Commission expires: My Commission Expires July 22, 1951 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby picture at 2½ yrs date of birth entered on picture	By whom issued and signed: Aunt	Date Issued: 1891	Date Orig. Entry: 1891
Class* A	Date of Birth: Jan. 18, 1889	Birth Place: Kendrick, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Photostat of Bible	Date Issued: 1-18-1889	Date Orig. Entry: 1-18-1889
Class A	Date of Birth: 1-18-1889	Birth Place: Kendrick, Idaho	Full Name of Mother: Arabelle Riley	Name of Father: Wm. P. Adams
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fehler	Date Filed: July 24, 1950	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 Copy Issued

JUL 24 1950

281-217-030-785

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-286
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Ade le Sharkey		2. Date of Birth (month) (day) (year): August 17 1889
	3. Color or Race	4. Sex	5. Place of Birth a. County	b. City or Town of Birth: Fort Lemhi, Idaho.
FATHER	6. Full Name of Father: Frank Burnett Sharkey		7. State or Country of Father's Birth: Eastport, Maine.
MOTHER	8. Full Maiden Name of Mother: Anna Belle Pyeatt		9. State or Country of Mother's Birth: Duquesne, Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adele Radford	11. Present Address of Registrant: St. Maries, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 19 1950	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 1 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Physician's Record	By whom issued and signed: Affidavit Mrs. Dr. W. C. Whitwell	Date Issued: 3-1-50	Date Orig. Entry: 8-17-1889
Class* A	Date of Birth: 8-17-1889 / Birth Place: Fort Lemhi, Idaho	Full Name of Mother: Anna B. Sharkey	Name of Father: F. B. Sharkey	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Mary M. Boyd, 1st grade teacher	Date Issued:	Date Orig. Entry: 1896
Class B	Date of Birth: 7 yrs old / Birth Place: Ft. Lemhi, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Insurance Co.	Date Issued: 4-24-32	Date Orig. Entry: same
Class B	Date of Birth: 43 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]		Date Filed: 9-25-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 26 1950

415-129-029-096

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-295
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Edward Mann
2. Date of Birth (month) (day) (year): Aug 29, 1889
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Moscow Latah
b. City or Town of Birth: Moscow.

FATHER

6. Full Name of Father: John R. Mann
7. State or Country of Father's Birth: Mo. St. Louis

MOTHER

8. Full Maiden Name of Mother: Katherine Mann, Nee Prose
9. State or Country of Mother's Birth: Wash. Tiomington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Edward Mann
11. Present Address of Registrant: 785-14th Oakland, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: July VI 1950
12. Signature of Notary: [signature]
13. Notary Commission expires: My Commission Expires March 7, 1952 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	9-19-50	1900 Census

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 1889	Idaho	Kitty Burns	Johnnie L. Burns

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	9-19-50	1920 census

Date of Birth	Birth Place	Full Name of Mother	Name of Father
30 yrs old	Idaho		

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	9-19-1950	1930 Census

Date of Birth	Birth Place	Full Name of Mother	Name of Father
40 yrs old	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Sept. 28, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

14 pd

Form DPH 49067

SEP 28 1950

168-227-025-492

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-204
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Christina Johnsen			2. Date of Birth (month) (day) (year): August 27 1889
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Mountain Cove
FATHER	6. Full Name of Father: Andrew Christian Johnsen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Margaret Mikkelsen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Christine E. Elcott		11. Present Address of Registrant: 1479 Fruitvale Ave. Oakland, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: October 2 1950	12. Signature of Notary: Nellie Hollingsworth		13. Notary Commission expires: My Commission Expires Jan. 26, 1954 Jan 26 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Aug. 27, 1889
Class* A	Date of Birth: Aug. 27, 1889 / Birth Place: Mountain Cove, Idaho,	Full Name of Mother: Margaret Johnson	Name of Father: Anders C. Johnson	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security, Social Security Adm.	By whom issued and signed:	Date Issued: 8-9-49	Date Orig. Entry: 8-9-49
Class B	Date of Birth: Aug. 27, 1889, / Birth Place: Cove, Idaho	Full Name of Mother:	Name of Father: Andrew Christian Johnson	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Walter Helfer		Date Filed: Oct. 5, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 6 1950

259-116-029-241

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-403
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Felix, Knifong			2. Date of Birth (month) November (day) 16 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Nez Perce~~, Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: John William Knifong			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Sarah Francis Smails			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey Felix Knifong		11. Present Address of Registrant: Rte 1, Freewater Oregon
NOTARY (Seal)	Subscribed and sworn to before me on December 8 19 50	12. Signature of Notary: Edgar Middlebrook		13. Notary Commission expires August 17 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Mother and Father	Date Issued: 1950	Date Orig. Entry: 11-16-1889
Class* A	Date of Birth: 11-16-1889 / Birth Place: Moscow, Idaho	Full Name of Mother: Sarah Francis Smails	Name of Father: John William Knifong	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: New York Life	Date Issued: 4-27-39	Date Orig. Entry: 4-27-39
Class B	Date of Birth: 11-16-1889 / Birth Place: Moscow, Idaho	Full Name of Mother: Sarah Francis Smails	Name of Father: John William Knifong	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Carol Bennett		Date Filed: 12-20-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 16 1968

DEC 20 1968

469-124-044-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-486
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Curtis Morton		2. Date Of Birth (month) (day) (year): April 24-1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser, Idaho.
FATHER	6. Full Name of Father: Lenard Murray Morton		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Susie Mary Darr		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Curtis Morton	11. Present Address of Registrant: Weiser, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: February 21st 1950	12. Signature of Notary: Velma L. Morton	13. Notary Commission expires: November 29th 1950

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Apr. 24, 1889
Class* A	Date of Birth: Apr. 24, 1889, Idaho; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Driver's License	By whom issued and signed: State of Idaho	Date Issued: 3-31-49	Date Orig. Entry: 3-31-49
Class B	Date of Birth: Apr. 24, 1889, Idaho; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Social Security -Affidavit	Date Issued: 7-18-40	Date Orig. Entry: 7-18-40
Class B	Date of Birth: Apr. 24, 1889, Idaho; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: 1-30-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 30 1951

964-127-014-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-521
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ben Louis Rode			2. Date Of Birth (month) February (day) 27 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William G. Rode			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Milinda Elizabeth Schwarm			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ben Louis Rode		11. Present Address of Registrant: Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Feb 12 1951	12. Signature of Notary: Walter H Geelan		13. Notary Commission expires May 7 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Mother and Father	Date Issued: 2-27-1889	Date Orig. Entry: 2-27-1889
Class* A	Date of Birth: 2-27-1889 / Birth Place: Caldwell, Idaho	Full Name of Mother: Milinda Elizabeth Schwarm	Name of Father: William G. Rode	
SUPPORTING RECORD 2.	Type of Document: Genealogie of Rode Family	By whom issued and signed: Dr. Jur. Hans M. W. Rode	Date Issued: 1909	Date Orig. Entry: 1909
Class A	Date of Birth: 2-27-1889 / Birth Place: Caldwell, Idaho	Full Name of Mother: Milinda Elizabeth Schwarm	Name of Father: William G. Rode	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Carol Bennett	Date Filed: 2-12-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

791-130-029-251

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-733
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Elmer Gray			2. Date Of Birth (month) October (day) 30 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah County	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Marion E. Gray			7. State or Country of Father's Birth: Clinton Co., Indiana
MOTHER	8. Full Maiden Name of Mother: Nancy R. Beard			9. State or Country of Mother's Birth: Clinton Co., Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey Elmer Gray		11. Present Address of Registrant: Rossville, Indiana
NOTARY (Seal)	Subscribed and sworn to before me on April 11 19 51	12. Signature of Notary: Russell S Bullock		13. Notary Commission expires July 30 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Oct. 30, 1889
Class* A	Date of Birth: Oct. 30, 1889 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Baptismap Certificate	By whom issued and signed: Geetingsville Presbyterian Church	Date Issued:	Date Orig. Entry: Nov. 11, 1901
Class A	Date of Birth: Oct. 30, 1889, / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Marion E. Gray	Date Issued: Sept 18, 1942	Date Orig. Entry:
Class B	Date of Birth: Oct. 30, 1889 / Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father: Marion E. Gray	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler		Date Filed: Apr. 16, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 17 1951

244-224-040-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-817
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Vera Sumner		2. Date Of Birth (month) March (day) 24 (year) 1889	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Murray, Idaho
FATHER	6. Full Name of Father: Alvah Edgar Sumner		7. State or Country of Father's Birth: United States - State of Kansas	
MOTHER	8. Full Maiden Name of Mother: Ida Mae Williams		9. State or Country of Mother's Birth: United States - State of Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie V. Spekker	11. Present Address of Registrant: Box 249 Osburn, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1951	12. Signature of Notary: Elof Eulson	13. Notary Commission expires: Jan 17 1954	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Sup't of Public Instruction Shoshone County	Date Issued: 3-27-51	Date Orig. Entry: 1903-4
Class* B	Date of Birth: 15 years old, Idaho	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: John R. Williams, Uncle	Date Issued: 3-26-51	Date Orig. Entry
Class B	Date of Birth: 3-24-1889	Birth Place: Murray, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Dora E. Pollock, present at time of birth	Date Issued: 3-28-51	Date Orig. Entry
Class B.	Date of Birth: March 24,	Birth Place: 1889, Murray, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Heeder	Date Filed: May 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 7 1951

491-214-001-918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-829
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City No
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Margaret Jessie - Drake

5. Date of Birth of Child (Month, day, year) May-14-1889

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** David-Winfield-Drake
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ashland Co. (City or town) Ohio. (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie May-Ray
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace Eddyville (City or town) - Iowa (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Wapello } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the HUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 62 years, and that (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edna Laura Ellis Signature
521 E. Williams Ottumwa Ia. P. O. Address

Subscribed and sworn to before me this 7th day of May #, 1951
(SEAL) W L Anderson, Notary Public, residing at Ottumwa, Iowa #
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

Notary Public in and for Wapello County, Iowa
My Commission expires July 4, 1951

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

944-125-007-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-873
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Roy Rumel		2. Date Of Birth (month) May (day) 25 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine b. City or Town of Birth: Ketchum
FATHER	6. Full Name of Father: Edward Caldwell Rumel		7. State or Country of Father's Birth: State of Utah U.S.A.
MOTHER	8. Full Maiden Name of Mother: Bessie Buckley		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Roy Rumel	11. Present Address of Registrant: 650 Wind North Salt Lake Ut.
NOTARY (Seal)	Subscribed and sworn to before me on 18 day of MAY 1951	12. Signature of Notary: Joseph F. Horne, Jr	13. Notary Commission expires: Feb 20 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Policy	By whom issued and signed: West Coast Life Insurance Co	Date Issued: 12-30-1914	Date Orig. Entry: same
Class* B	Date of Birth: May 25, 1889 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Mabel R. McPheters	Date Issued: May 19, 1951	Date Orig. Entry:
Class B	Date of Birth: 62 yrs old / Birth Place: Ketchum, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keefer	Date Filed: May 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD.....

5. Date of Birth of Child (Month, day, year).....

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** .....
11. Color or Race..... 12. Age at time of THIS birth.....yrs.
13. Birthplace ..... (City or town) (State or foreign country)
14. Exact Occupation.....
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....
17. Color or Race..... 18. Age at time of THIS birth.....yrs.
19. Birthplace ..... (City or town) (State or foreign country)
20. Exact Occupation .....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....(b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 64 years of age, that I have known this person for 62 years, and that Mrs Dave Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mabel V. McPheters Signature

1276 Geneva Ave., San Francisco, Cal O. Address

Subscribed and sworn to before me this 19 day of May, 19 51

Fred G. Pfeifer Notary Public, residing at San Francisco California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

.....by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-108-001-636

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 7 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1123
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: EDWARD FINEGAN		2. Date of Birth (month) July (day) 8 (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Thomas Finegan		7. State or Country of Father's Birth: Ireland	
MOTHER	8. Full Maiden Name of Mother: Margaret O'Connor		9. State or Country of Mother's Birth: Ireland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward P. Finegan	11. Present Address of Registrant: 317 South Palm Dr Beverly Hills Calif	
NOTARY (Seal)	Subscribed and sworn to before me on July 30 1951	12. Signature of Notary: Florence Kelly	13. Notary Commission expires: My Commission Expires July 15, 1952 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise, Idaho	Date Issued	Date Orig. Entry: July 28, 1889
Class* A	Date of Birth: July 8, 1889 / Birth Place: Boise, Idaho	Full Name of Mother: Margaret O'Connor	Name of Father: Thomas Finegan	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued	Date Orig. Entry: Oct. 29, 1918
Class B	Date of Birth: July 8, 1889 / Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: 8-7-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

238-219-020-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 2 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2010
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Theresa Schweizer		2. Date of Birth (month) March (day) 19 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Elmore Co	b. City or Town of Birth: Rocky Bar Idaho
FATHER	6. Full Name of Father: Gustave Adolph Schweizer		7. State or Country of Father's Birth: Detroit Mich	
MOTHER	8. Full Maiden Name of Mother: Margaret Walrack.		9. State or Country of Mother's Birth: Yellowstone Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha T. Greene	11. Present Address of Registrant: Payette Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on Feb 27th 1951	12. Signature of Notary: Earl Blackaby Quincy Oregon	13. Notary Commission expires: Jan 3 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 1900 census	Date Orig. Entry:
Class* B	Date of Birth: March 19, 1889	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Application for Social Security, Payette Canning Co.	By whom issued and signed:	Date Issued: 8-22-1942	Date Orig. Entry:
Class B	Date of Birth: 3-19-1889	Birth Place: Rocky Bar, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Operator's License	By whom issued and signed: State of Idaho	Date Issued: 3-21-49	Date Orig. Entry:
Class B	Date of Birth: 3-19-1889	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Fielder	Date Filed: Sept. 4, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

393-210-029-623

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

EMMA CELLIA LILLJEGREN

JAN 28 1952 DIVISION OF VITAL STATISTICS

State File No. De52-2403
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Cellia Lillgegren / Emma C Lillgegren		2. Date Of Birth (month) Nov (day) 10 (year) 1889	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Troy, Idaho, Latah	b. City or Town of Birth: TROY, Idaho
FATHER	6. Full Name of Father: ARON LILLJEGREN		7. State or Country of Father's Birth: Stockholm, Sweden	
MOTHER	8. Full Maiden Name of Mother: SELMA OSTERBERG		9. State or Country of Mother's Birth: Stockholm, Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Cellia Lillgegren	11. Present Address of Registrant: S 2405½ S Hlm Spokane Wn	
NOTARY (Seal)	Subscribed and sworn to before me on DEC 12 1951 19	12. Signature of Notary: Now by Marriage Selma Osterberg Schroder	13. Notary Commission expires: Notary Public for the State of Washington ~~Residing at Spokane, Washington~~ 19 My Commission Expires Jan. 30, 1953	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Evangelisk Lutherska	Date Issued: Jan. 5, 1890	Date Orig. Entry: Nov. 10, 1889
Class* A	Date of Birth: Nov. 10, 1889	Birth Place: Troy, Idaho	Full Name of Mother: Selma Osterberg	Name of Father: Aron Lilljegren
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: The Prudential Insurance Co.	Date Issued: Jan. 10, 1945	Date Orig. Entry:
Class B	Date of Birth: Nov. 10, 1889	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: Jan. 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Certificate of Sgotion

Date of Birth Birth Place

Nov. 10, 1890 Zion, Illinois

Name of Father

Evangelick Lutherans

Name of Mother

Lena Oberpfarr

Date Issued

Jan. 5, 1890-Nov. 10, 1890

Date Reg. Entry

Life Insurance Policy

Date of Birth Birth Place

Nov. 10, 1889, Zion, Illinois

Name of Father

The Prudential Insurance Co.

Name of Mother

Date Issued

Date Reg. Entry

Date of Document

Birth Place

Name of Father

Name of Mother

Date Issued

Date Reg. Entry

Date Filed

Jan. 20, 1922

432-212-001-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2430
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Viola McShane		2. Date of Birth (month) (day) (year): Aug. 12 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Eagle Idaho	b. City or Town of Birth: Eagle Idaho
FATHER	6. Full Name of Father: Luther Burchlum McShane		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Linia Jane Harmer		9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Viola Olson	11. Present Address of Registrant: 923 Main St. Caldwell Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 1951	12. Signature of Notary: A Ben Dunlop Notary Public for Idaho Residing at Caldwell Ida	13. Notary Commission expires: Dec 1 1952	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister	By whom issued and signed: Mary Alice McShane York.	Date Issued: Jan 24, 1952	Date Orig. Entry
Class* B	Date of Birth: Aug. 12, 1889 / Birth Place: Eagle, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Emma Landreth	Date Issued: Oct. 18, 1951	Date Orig. Entry
Class B	Date of Birth: Aug. 12, / Birth Place: 1889 Eagle, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Birthcertificate of Daughter	By whom issued and signed: In office of Vital Statistics at Boise 64606	Date Issued: Nov. 16, 1918	Date Orig. Entry
Class B	Date of Birth: 29 Yrs. / Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Felton	Feb. 6, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person to whom birth is registered)

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Color or Race 4. Sex 5. Place of Birth (City or Town, County)

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIANT

I, _____, hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Applicant

11. Present Address of Applicant

Subscribed and sworn to before me on _____, 19 5 1

12. Signature of Notary

13. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Affidavit by Mother

Date of Birth Place

Full Name of Mother

Maiden Name of Mother

Name of Father

Class B

Aug. 12, 1929 Eagle, Idaho

Jan 2, 1952

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Affidavit by Aunt

Date of Birth Place

Full Name of Mother

Emma Landreth

Name of Father

Class B

Aug. 12, 1929 Eagle, Idaho

Oct. 1, 1952

SUPPORTING RECORD 3.

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Affidavit of Aunt

Date of Birth Place

Full Name of Mother

Name of Father

Class B

29 Yrs. Idaho

Nov. 16, 1952

QUALIFICATION INFORMATION

FEB 6 1954

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(seal)

State Registrar

Evidence reviewed

Date Filed

W. J. Johnson

Feb. 9, 1952

Class A Records are those made and dated before the registration month of birth.
Class B Records are those made after the month of birth by a period of less than 1 year.

318-231-036-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2459
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nora Lee Taylor.			2. Date Of Birth (month) July (day) 31, (year) 1889.
	3. Color or Race: White.	4. Sex: Female.	5. Place of Birth a. County: Fairview, Oneida (now Franklin),	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Richard Mathew Taylor.			7. State or Country of Father's Birth: Surry, North Carolina.
MOTHER	8. Full Maiden Name of Mother: Hannah Barbara Richardson.			9. State or Country of Mother's Birth: Franklin County, Virginia.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Nora Lee Taylor Corbin		11. Present Address of Registrant: Summers, Arkansas.
NOTARY (Seal)	Subscribed and sworn to before me on: x Dec. 27 1951	12. Signature of Notary: x Nola Rost		13. Notary Commission expires: x 9-30 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible,	Date Issued:	Date Orig. Entry: July 31, 1889
Class* A	Date of Birth: July 31, 1889	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Mrs. J. W. Stoddard	Date Issued: Nov. 24, 1951	Date Orig. Entry:
Class B	Date of Birth: July 31, 1889,	Birth Place: Fairview, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Kelsen		Date Filed: Feb. 15, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name at time of birth		2. Date of birth
	3. Place of birth	4. Sex	5. Place of birth (County)
FATHER	6. Full name of father		7. State or country of father's birth
MOTHER	8. Full maiden name of mother		9. State or country of mother's birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date issued	Date orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class*				
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued	Date orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
QUALIFYING INFORMATION				

FEB 15 1962

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the registrants fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

Form DPH 1001

249-224-014-713

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Canyon~~ Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County CANYON
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Middleton Idaho

4. FULL NAME OF CHILD Alta Belle Smith

5. Date of Birth (Month, day, year) 6-24-1889

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Marion Smith
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Barry Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Freighting

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Isabella Gall
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sams Valley Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother; (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Feb. 29, 1952 (Date received) (b) W. ". Benson (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Birt Z. Smith, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Alta Belle Smith (Name of person on certificate above) as Half-Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Lee (Name of attendant at birth), who attended said birth Is now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Birt Z. Smith
Signature
Box 633, Klamath Falls Oregon
P. O. Address

Subscribed and sworn to before me on this 15th day of February, 1952

(SEAL) Otto W. Smith
Notary Public, residing at Klamath Falls, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 24 1953

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466.217.007.451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2520
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Ketchum, Idaho

4. FULL NAME OF CHILD Ethel Frances Moore

5. Date of Birth of Child (Month, day, year) 6/17/1889

6. Sex female

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Moore
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Baker, Oregon (City or town) (State or foreign country)
14. Exact Occupation In business
15. Industry or Business General store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Jane Dean
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace near Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 52 years, and that Dr. Lewis (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Jane Dean Moore Signature
2359 Boylston North Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of March, 1942
(SEAL) J. M. Cappery Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-116-015-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2572
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Octaves Smith			2. Date of Birth (month) March (day) 16 (year) 1889
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Caribou; b. City or Town of Birth: Montpelier, Idaho	
FATHER	6. Full Name of Father: Ellington Smith			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Louise Wilson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl O. Smith		11. Present Address of Registrant: N. 15 Lacey Street, Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on January 21st 19 52	12. Signature of Notary: E. Blakeneck		13. Notary Commission expires: 20th February 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Western Life Insurance Co.	Date Issued: May 14, 1923	Date Orig. Entry
Class* B	Date of Birth: March 16,	Birth Place: 1889, Montpelier,	Full Name of Mother: Idaho	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Twin Falls County Clerk	Date Issued: Feb. 29, '52	Date Orig. Entry: June 3, 1918
Class B	Date of Birth: 29 yrs.	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Aaron Judy (cousin)	Date Issued: March 21, 1952	Date Orig. Entry
Class B	Date of Birth: Mar. 16, 1889	Birth Place: Montpelier, Ida.	Full Name of Mother: Louise Wilson Smith	Name of Father: Ellington Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Jean Jordan	Date Filed: Mar. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Octavos Smith
2. Date of Birth (Month, Day, Year): March 16 1889
3. Color or Race: White
4. Sex: Male
5. Place of Birth (City, County): Montpelier, Caribou, Idaho
6. Birth or Town of Birth: Montpelier, Idaho

FATHER

6. Full Name of Father: Hillington Smith
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Louisa Wilson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address: [illegible] Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on January 21st 19 52

12. Signature of Notary: [illegible]
13. Notary Commission expires: 20th February 19 54

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Application for Insurance
By whom issued and signature: Western Life Insurance Co.
Date issued: [illegible]
Date of Birth: March 16, 1889
Birth Place: Montpelier, Idaho
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: Affidavit
By whom issued and signature: Twin Falls County Clerk
Date issued: Feb. 29, '52
Date Orig. Entry: June 3, 1918
Date of Birth: 29 yrs.
Birth Place: Idaho
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3.

Type of Document: Affidavit
By whom issued and signature: [illegible]
Date issued: March 21, 1952
Date Orig. Entry: [illegible]
Date of Birth: [illegible] 1889
Birth Place: Montpelier, Ida.
Full Name of Mother: Louisa Wilson Smith
Name of Father: Hillington Smith

OFFICIAL CERTIFICATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: [illegible]

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

717-224-001-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2576
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Idaho Rose Paxton		2. Date Of Birth (month) February (day) 24 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise, Ada County, Idaho	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: John Peter Paxton		7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Rebekah Scholtz		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose De Groff.	11. Present Address of Registrant: 407 May St. Marysville, Kans.	
NOTARY (Seal)	Subscribed and sworn to before me on September 28, 19 51	12. Signature of Notary: Manilla Prebble	13. Notary Commission expires: My commission expires December 8, 1951 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record	By whom issued and signed:	Date Issued:	Date Orig. Entry: Feb. 24, 1899
Class* B	Date of Birth: Feb. 24, 1899 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: School Dist. #20 Marshall Co., Kansas	Date Issued: Sept. 28, '51	Date Orig. Entry: June 30, 1905
Class B	Date of Birth: Feb. 24, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: (older bro.) Charles Franklin Paxton	Date Issued: Sept. 28, 1951	Date Orig. Entry:
Class B	Date of Birth: Feb. 24, 1889 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Jean Jordan	Date Filed: March 28, 1952	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person about whom this application is made)

1. Registrant's Full Name at Birth: Idaho Rose Paxton
2. Date of Birth (Month) February (Day) 24 (Year) 1850
3. Sex: Female
4. Color or Race: White
5. Place of Birth: County: Ada County, Idaho
6. City or Town of Birth: Boise, Idaho

FATHER

7. Full Name of Father: John Peter Paxton
8. State or Country of Father's Birth: Ohio

MOTHER

9. Full Maiden Name of Mother: Rebekah Sandifer
10. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant: 407 May St. Boise, Idaho
12. Signature of Registrant: [illegible]

Subscribed and sworn to before me on _____ 19 _____

13. Signature of Notary: [illegible]
14. Notary Commission expires: My commission expires December 6, 1952

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: Family record
Date of Birth Birth Place: Feb. 24, 1850
Full Name of Mother
Name of Father
By Whom Issued and Signed
Date Issued
Date Orig. Entry: Feb. 24, 1850

SUPPORTING RECORD 2. Type of Document: School record
Date of Birth Birth Place: Feb. 24, 1850
Full Name of Mother: Rebekah Sandifer
Name of Father
By Whom Issued and Signed: School Dist. 22, Ada County, Kansas
Date Issued: Sept. 28, 1951 Since 20, 1905
Date Orig. Entry

SUPPORTING RECORD 3. Type of Document: Affidavit
Date of Birth Birth Place: Feb. 24, 1850 Boise, Idaho
Full Name of Mother: Charlotte Franklin Paxton (older bro.)
Name of Father
By Whom Issued and Signed
Date Issued: Sept. 28, 1951
Date Orig. Entry

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: March 28, 1952

*Class A records are those made and dated before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but not at least 5 years old.

967-119-C35-635

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 22 1952
DIVISION OF VITAL STATISTICS

State File No. De52-2611
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Albert Rogers			2. Date of Birth (month) March (day) 19th (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewiston Idaho. Nez Perce	b. City or Town of Birth
FATHER	6. Full Name of Father: Samuel Scott Rogers			7. State or Country of Father's Birth: Ontario Canada
MOTHER	8. Full Maiden Name of Mother: Alice Mary Fleming			9. State or Country of Mother's Birth: Marion, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R. A. Rogers		11. Present Address of Registrant: 3010 N.E. Ainsworth Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 20th 1952	12. Signature of Notary: T. M. McGuire		13. Notary Commission expires 2/9 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: New York Life Insurance Co.	Date Issued:	Date Orig. Entry: Feb. 24, 1913
Class* B	Date of Birth: March 19, 1889 / Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Viewed by W. A. Myers, Notary Public	Date Issued: 3-20-52	Date Orig. Entry: 3-19-1889
Class A	Date of Birth: March 19, 1889 / Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Mrs. M. V. Tritch	Date Issued: 2-6-52	Date Orig. Entry:
Class B	Date of Birth: Mch. 19, 1889 / Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Greefer	Date Filed: Apr. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF TENNESSEE

State File No. 1962-2011

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's full name at birth

2. Date of birth (month) (day) (year)

3. Sex

4. Race

5. Place of birth a. County b. City or Town of birth

FATHER

6. Full name of father

7. State or Country of father's birth

MOTHER

8. Full maiden name of mother

9. State or Country of Mother's birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Notary Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Application for Insurance	New York Life Insurance Co.		Feb. 2, 1913
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

Supporting Record	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Bible Record	Issued by T. A. Vera, Notary Public	3-20-32	3-17-1889
Class A	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	March 17, 1889, Lewisburg, Ohio			

Supporting Record	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit by sister	Mrs. M. V. Tritsch	2-6-32	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Mar. 17, 1889, Lewisburg, Ohio			

Registrar's Certification

Registrar's Certification (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
W. W. Bennett		Apr. 3, 1932

*Class A Records are those made and dated before the Registrant's twenty-third birthday.
Class B Records are those made after the twenty-third birthday but are at least 5 years old.

365-123-001-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1952

DIVISION OF VITAL STATISTICS

State File No. De52-2617
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orie Harrison Conover		2. Date of Birth (month) December (day) 23, (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada County	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Halsey Henry Conover		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Eliza Rosella Jones		9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orie Harrison Conover	11. Present Address of Registrant: Endicott, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on March 12 1952	12. ~~Signature of Notary~~: Mary Penn	13. ~~Notary Commission expires~~ March 12, 1952 Deputy County Auditor Whitman County, Washington	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Whitman County Schools	Date Issued:	Date Orig. Entry: June 1896
Class* B	Date of Birth: 6 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Marriage Return	By whom issued and signed: State of Washington County of Whitman	Date Issued:	Date Orig. Entry: Jan. 9, 1915
Class B	Date of Birth: 24 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Joseph B. Conover	Date Issued: Apr. 1, 1952	Date Orig. Entry:
Class B	Date of Birth: Dec. 23, 1889, Boise, Idaho	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Geffs	Apr. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

CHILD — 1. Registrant's Full Name at Birth: Orie Harrison Conover

2. Sex: Male

3. Date of Birth (month, day, year): December 23, 1889

4. Place of Birth: Canyon County

5. City or Town of Birth: Nampa, Idaho

FATHER — 6. Full Name of Father: Sidney Henry Conover

7. State or Country of Birth: Illinois

MOTHER — 8. Full Maiden Name of Mother: Elizabeth Rosella Jones

9. State or Country of Birth: Illinois

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant: Bellevue, Idaho

NOTARY (Seal) — Subscribed and sworn to before me on March 12, 19 50

12. Signature of Notary

13. Notary Commission Expires

SUPPORTING RECORD 1. — Type of Document: Certificate of Birth

Date of Birth: Nampa, Idaho

By whom issued and signed: Mrs. Orie Harrison Conover

Full Name of Mother: Elizabeth Rosella Jones

Date issued: Date orig. Entry

Date of Father

Class: 2

SUPPORTING RECORD 2. — Type of Document: Certificate of Death

Date of Birth: Nampa, Idaho

By whom issued and signed: Mrs. Orie Harrison Conover

Full Name of Mother: Elizabeth Rosella Jones

Date issued: Date orig. Entry

Name of Father

Class:

SUPPORTING RECORD 3. — Type of Document: Certificate of Death

Date of Birth: Nampa, Idaho

By whom issued and signed: Mrs. Orie Harrison Conover

Full Name of Mother: Elizabeth Rosella Jones

Date issued: Date orig. Entry

Name of Father

Class:

CERTIFICATION — I hereby certify that to prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying statement.

State Registrar

Date Filed: March 3, 1950

Class A Records are those made after one year from the date of birth; Class B Records are those made after one year but at least a year old.

719-123-035-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 3 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2742
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES GROVER GAINER			2. Date of Birth (month) May (day) 23 (year) 1889
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Cavendish Lewiston	b. City or Town of Birth: Cavendish District Idaho
FATHER	6. Full Name of Father: Sterms E. Gainer			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Ella Ferguson			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert G. Gainer		11. Present Address of Registrant: Robinhood, Sask. Canada
NOTARY (Seal)	Subscribed and sworn to before me on: July 28th. 1951	12. Signature of Notary: R. G. Clark		13. Notary Commission Expires: Dec. 31st 1951

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Geo. H. Wells	Date Issued: Apr. 28, 1952	Date Orig. Entry
Class* B	Date of Birth: May 23, 1889 / Birth Place: Cavendish, Ida.	Full Name of Mother: Ella Ferguson	Name of Father: Sterms E. Gainer	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Julia Corey	Date Issued: Apr. 10, 1952	Date Orig. Entry
Class B	Date of Birth: May 23, 1889 / Birth Place: Cavendish, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Jennie B. Brown	Date Issued: Apr. 10, 1952	Date Orig. Entry
Class B	Date of Birth: May 23, 1889 / Birth Place: Cavendish, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eden	May 1, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 17 1972

219-124-040-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2790
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enoch Albert Barnard		2. Date of Birth (month) January (day) 24 (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Wardner, Shoshone, Idaho	b. City or Town of Birth: Wardner, Idaho
FATHER	6. Full Name of Father: Thomas Nathan Barnard		7. State or Country of Father's Birth: Ohio, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Laura Larsen Barnard		9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Enoch A. Barnard	11. Present Address of Registrant: Anaconda, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on May 5 1952	12. Signature of Notary: [illegible]	13. Notary Public for the State of Montana Residing at Anaconda, Montana My Commission Expires Jan. 15, 1953 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Laura Larsen Barnard	Date Issued: 1-27-36	Date Orig. Entry:
Class* B	Date of Birth: Jan. 24, 1889 / Birth Place: Wardner, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Mrs. T. R. Mason	Date Issued: May 10, 1952	Date Orig. Entry:
Class B	Date of Birth: Jan. 24, 1889 / Birth Place: Wardner, Idaho	Full Name of Mother: Laura Larsen Barnard	Name of Father: Thomas Nathan Barnard	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Nellie J. Stockbridge	Date Issued: May 7, 1952	Date Orig. Entry:
Class B	Date of Birth: Jan. 24, 1889 / Birth Place: Wardner, Idaho	Full Name of Mother: Laura Larsen Barnard	Name of Father: Thomas Nathan Barnard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: May 13, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State file no.
Local Reg. No.
Reg. Dist. No.

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

SEP 19 1966

REGISTRANT (Person whose birth is being registered)

1. Registrant's full name at birth

2. Date of birth (month) (day) (year)

3. Place of birth (county)

4. Sex

5. City or town of birth

FATHER

6. Full name of father

7. State or Country of father's birth

MOTHER

8. Full maiden name of mother

9. State or Country of mother's birth

AFFIDAVIT

I hereby declare upon oath (or affirmation) that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on

19

12. Signature of Notary

13. Notary's commission expires

SUPPORTING RECORD 1.

Type of Document

By whom issued and signed

Date issued

Date reg. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date issued

Date reg. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

OATH OF ADMINISTRATOR

PROVISIONAL CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

(Seal)

State Registrar

Evidence reviewed by

Date filed

Items 1 Records are those made and dated before the registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but at least 3 years old.

381-213-030-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2864
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl M Chandler		2. Date of Birth (month) June (day) 13 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Baker, Idaho (3 miles in Country)
FATHER	6. Full Name of Father: Martin A. Chandler		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Louise E. Turner		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl M Rupea	11. Present Address of Registrant: 1610 Dewey ave Baker Ore
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 19 52	12. Signature of Notary: A. Nolfarch	13. Notary Commission expires: March 18 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: June 13, 1889
Class* A	Date of Birth: June 13, 1889 / Birth Place: Baker, Idaho	Full Name of Mother: Louise E. Turner	Name of Father: Martin A. Chandler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Florence F. Martin	Date Issued: Apr. 24, 1952	Date Orig. Entry:
Class B	Date of Birth: June 13, 1889 / Birth Place: Baker, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder		Date Filed: June 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 52-[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT

(Person where birth is being registered)

1. Registrant's full name at birth: [illegible]
2. Date of birth (month) (day) (year): June 13
3. Sex: [illegible]
4. Place of Birth: County: [illegible]
5. City or Town of Birth: [illegible]
6. Full name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]
8. Maiden name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I, [illegible] do solemnly swear upon oath that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present address of Registrant
12. Subscribed and sworn to before me on [illegible] 19[illegible]
13. Signature of Notary
14. Notary commission expires [illegible] 19[illegible]

SUPPORTING RECORD 1.

Class A

Type of Document: Bible Record
By whom issued and signed: Family Bible
Date issued: June 13, 1890
Date of Birth: [illegible]
Place of Birth: [illegible]
Full name of Mother: [illegible]
Name of Father: [illegible]
Date Orig. Entry: [illegible]

SUPPORTING RECORD 2.

Class B

Type of Document: Affidavit of Sister
By whom issued and signed: Florence E. Burdin
Date issued: Apr. 21, 1952
Date of Birth: June 13, 1890, Boise, Idaho
Place of Birth: [illegible]
Full name of Mother: [illegible]
Name of Father: [illegible]
Date Orig. Entry: [illegible]

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date issued:
Date of Birth:
Place of Birth:
Full name of Mother:
Name of Father:
Date Orig. Entry:

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

(Seal)

State Registrar: E. H. Robson
Evidence reviewed by: [illegible]
Date filed: June 3, 1952

*Class A Records are those made and dated before the Registration Year (birthday).
Class B Records are those made after the Year's birthday, but prior to least 8 years old.

Form 1000 (Rev.)

285-222-038-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3041
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Millicent Jane Sheperd		2. Date of Birth (month) Dec. (day) 22. (year) 1889	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: payette Ida. payette Co	b. City or Town of Birth: Payette Idaho
FATHER	6. Full Name of Father: John Sheperd		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Laura Ford		9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Millicent Jane Hunt	11. Present Address of Registrant: Meiser Idaho Box 707	
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1952	12. Signature of Notary: Nina R. Carroll	13. Notary Commission expires: April 5 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Laura S. Ford	Date Issued:	Date Orig. Entry: Dec. 22, 1889
Class* A	Date of Birth: Dec. 22, 1889 / Birth Place: Payette, Idaho	Full Name of Mother: Laura S. Ford	Name of Father: John S. Sheperd	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: William Robison	Date Issued: 5/15/33	Date Orig. Entry: 5/15/33
Class B	Date of Birth: Dec. 22, 1889 / Birth Place: Payette, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by close friend	By whom issued and signed: Anna C. Hill (Acquaintance)	Date Issued: 4/29/52	Date Orig. Entry: 4/29/52
Class B	Date of Birth: Dec. 22, 1889 / Birth Place: Payette, Idaho	Full Name of Mother: Laura S. Ford	Name of Father: John S. Sheperd	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Eva Farnes	7/21/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health Welfare
Division of Vital Statistics
Boise, Idaho

State File No. 3041

Local Reg. No.

Reg. Dist.

REGISTRANT (Person to whom birth relates)

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

JUL 22

3. County or Area in. Gem

4. Place of Birth

5. City or Town of Birth

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I/We make this statement upon this the date hereof. Statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY (seal)

Subscribed and sworn to before me on _____ 19__

12. Signature of Notary

13. Notary Commission Expires

April 3, 1962

SUPPORTING RECORD 1.

Date of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

DO NOT WRITE BELOW THIS LINE

STATEMENT & CERTIFICATION

(Seal)

I hereby certify that no prior birth certificate has been filed in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar

Evidence reviewed by

Date Filed

7/23/62

Files A Records are those which are more than one hundred years old and/or which contain fourth birthday.
Class B Records are those which are not Class A and are of less than 100 years age.

Form 004 Issued

363-229-0 84-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3076
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Lolley		2. Date Of Birth (month) August (day) 29 (year) 1889	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Weiser	b. City or Town of Birth: Washington County, Idaho
FATHER	6. Full Name of Father: John Edward Lolley		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Rosette Saling		9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Lolley.	11. Present Address of Registrant: RFD 5, Nampa, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on December 4th. 1951	12. Signature of Notary: F B Lloyd	13. Notary Commission expires: March 15 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by F. B. Lloyd Notary Family Bible	Date Issued:	Date Orig. Entry: Aug. 29, 1889
Class* A	Date of Birth: Aug. 29, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics State of Oregon #2790	Date Issued: 1914	Date Orig. Entry: May 2, 1914
Class B	Date of Birth: 25 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Eva Farris		Date Filed: 8/1/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 1 1952

Form DPH 49067

1952

255-326-014-289

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3206
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susan Lillian (Lillie) Kent		2. Date of Birth (month) October (day) 26 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Harry Kent		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Elizabeth (Lizzie) Ann Byram		9. State or Country of Mother's Birth: Grand Falls, N.B., Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian K. Kirk	11. Present Address of Registrant: Star Route, Payette, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 8-26 1952	12. Signature of Notary: Herbert G. Davis	13. Notary Commission expires 4-2-54 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued:	Date Orig. Entry: 1900 census
Class* B	Date of Birth: Oct. 1889 / Birth Place: Idaho	Full Name of Mother: Lizzie and	Name of Father: Harry Kent	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Payette Public Schools	Date Issued: 8-8-52	Date Orig. Entry: 1907-1908
Class B	Date of Birth: 17 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible viewed by Wm. G. Snook, notary	Date Issued:	Date Orig. Entry: Oct. 26, 1889
Class A	Date of Birth: Oct. 26, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Aug. 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Name Grid No. 1952-1206

Year Reg. No.

ASSISTANT

Inserter Name

1. Registrant's Full Name at Birth

Harry Kent

2. Date of Birth (Month, Day, Year)

October 22, 1920

PARENTS

3. Full Name of Father

Hiro Tamaki

4. Place of Birth (State or Country)

Japan

MOTHER

5. Full Maiden Name of Mother

Harry Kent

6. Place of Birth (State or Country)

Illinois

7. State or Country of Father's Birth

Japan

8. State or Country of Mother's Birth

Illinois

9. Present Address of Registrant

Star Route, Payette, Idaho

10. Signature of Registrant

Harry Kent

11. Signature of Witness

Subscribed and sworn to before me on

12. Notary Designation and Seal

19

SUPPORTING RECORD 1.

Type of Document

Census Record

Date of Birth Birth Place

Date Issued

Date Orig. Entry

SUPPORTING RECORD 2.

Type of Document

School Record

Date of Birth Birth Place

17 yrs old

By whom Issued and signed

Payette Public Schools

Full Name of Mother

Date Issued

3-6-32

Date Orig. Entry

1920-1-1-06

SUPPORTING RECORD 3.

Type of Document

Bible Record

By whom Issued and signed

Family Bible

Date Issued

Oct. 26, 1889

Date Orig. Entry

Class A

Oct. 26, 1889

CERTIFICATION

REGISTRAR'S CERTIFICATION

I hereby certify that a delayed birth certificate has been found in the records of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

W. W. Hanson

Evidence Reviewed by

Date Filed

Aug. 29, 1952

Class A records are those made at the time of birth.
Class B records are those made after the time of birth.

Date Rec'd

493-118-014-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3291
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City PAYETTE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City PAYETTE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LOSSEN JAMES MONROE MILLER

5. Date of Birth of Child (Month, day, year) OCT 18-1884

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME DAVID LAFAYETTE MILLER
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA JANE YARBER
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 62 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L Miller Signature
5430 N Smith P. O. Address

Subscribed and sworn to before me this 4 day of September, 1952.
(SEAL) M H Emizich, Notary Public, residing at Portland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on My Commission Expires 6-10-1955 by W. W. Benson, Registrar

Filed September 30, 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-120-028-714

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3381
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charley Francis Freestone		2. Date Of Birth (month) August (day) 20 (year) 1889	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Kootenay	b. City or Town of Birth: Rathdrum, Idaho, U.S.A
FATHER	6. Full Name of Father: Francis Marion Freestone		7. State or Country of Father's Birth: U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Martha Gambier		9. State or Country of Mother's Birth: U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chas Freestone	11. Present Address of Registrant: Spalding, Sask. Canada	
NOTARY (Seal)	Subscribed and sworn to before me on 7th. day of May 1952	12. Signature of ~~Notary~~ A Justice of the Peace in and for the Province of Saskatchewan. F. P. Brown	13. ~~Notary Commission expires~~ 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Archibold M. Freestone	Date Issued: June 9, 1952	Date Orig. Entry
Class* B	Date of Birth: Aug. 20, 1889 / Birth Place: Rathdrum, Idaho	Full Name of Mother: Martha Gambier	Name of Father: Francis Marion Freestone	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Clerk & Recorder, Bonner County	Date Issued	Date Orig. Entry: Oct. 1, 1910
Class B	Date of Birth: 21 yrs / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Mr Mary Elizabeth Freestone	Date Issued: Oct. 6, 1952	Date Orig. Entry
Class B	Date of Birth: Aug. 20, 1889 / Birth Place: Rathdrum, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: Oct. 21, 1952	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT

1. Registrant's Full Name at Birth: Charles Francis Treesdome
2. Date of Birth (Month, Day, Year): August 20 1890
3. Sex: M
4. Color or Race: White
5. Place of Birth (City or Town): Freedom
6. County: Bonneville
7. State or Country: Idaho

FATHER

8. Full Name of Father: Francis Morton Treesdome
9. State or Country of Father's Birth: Illinois

MOTHER

10. Full Maiden Name of Mother: Martha Gumbler
11. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: [illegible]
13. Present Address of Registrant: Malding, Washington

NOTARY (Seal)

Subscribed and sworn to before me on [illegible]

14. Signature of Notary: [illegible]
15. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1

Type of Document: Affidavit of Witness
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]
By whom issued and signed: [illegible]
Date issued: [illegible]
Date Orig. Entry: [illegible]

SUPPORTING RECORD 2

Type of Document: Affidavit of Witness
Date of Birth: 21 yrs
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]
By whom issued and signed: [illegible]
Date issued: Oct. 1, 1952
Date Orig. Entry: [illegible]

SUPPORTING RECORD 3

Type of Document: Affidavit of Witness
Date of Birth: [illegible] 20, 1890
Birth Place: Malding, Washington
Full Name of Mother: Mary Liesbeth Treesdome
Name of Father: [illegible]
By whom issued and signed: [illegible]
Date issued: Oct. 6, 1952
Date Orig. Entry: [illegible]

DELAYED CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: R. N. Fosdon
Evidence reviewed by: [illegible]
Date filed: Oct. 21, 1952

OCT 22 1952

*Class A Records are those which are in the form of transcripts of the original record of birth.
Class B Records are those which are in the form of transcripts of less 3 years old.

942-209-001-435

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3383
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Olive Russell	2. Date of Birth (month) (day) (year): July 9 - 1889
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Boise; b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: William Anthony Russell	7. State or Country of Father's Birth: Knox Co. Ill
MOTHER	8. Full Maiden Name of Mother: Josephine McNew	9. State or Country of Mother's Birth: Clewey Co Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs D. S. Howell; 11. Present Address of Registrant: 4205 Fairview Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 22 1952	12. Signature of Notary: Mabel Fielder; 13. Notary Commission expires: May 7 - 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		July 9, 1889
Class* A	Date of Birth: July 9, 1889; Birth Place: Boise, Idaho	Full Name of Mother: Emma J. McNew	Name of Father: Wm. A. D. Russell	
SUPPORTING RECORD 2.	Certificate of Baptism	By whom issued and signed: A. A. Glendining, First Methodist Church		Apr. 20, 1924
Class B	Date of Birth: July 9, 1889; Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth; Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Oct. 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. 1952-3303

Reg. Dist. No.

Reg. Date

CHILD'S NAME (Person whose birth is being reg. stated)	1. Full name at birth	2. Date of birth (Month) (Day) (Year)	
	3. Place of birth (City or town)	4. County of birth	
FATHER	5. Full name of father	7. State or country of father's birth	
MOTHER	6. Maiden name of mother	8. State or country of mother's birth	
AFFIDAVIT	The statements made upon each side of this certificate are true to the best of my knowledge and belief.	10. Signature of informant	11. Present address of informant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1.	Type of document	By whom issued and signed	Date issued / Date filed. Entry
	Date of birth / Birth place	Full name of mother	Name of father
SUPPORTING RECORD 2.	Type of document	By whom issued and signed	Date issued / Date filed. Entry
	Date of birth / Birth place	Full name of mother	Name of father
SUPPORTING RECORD 3.	Type of document	By whom issued and signed	Date issued / Date filed. Entry
	Date of birth / Birth place	Full name of mother	Name of father

Search certify that no prior birth certificate has been found in the Division of Vital Statistics for this child based on the information furnished and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

Evidence reviewed by

Date filed

W. A. Fleming

Oct. 22, 1952

Clerk's Remarks: Date made and entered before the twenty-second day of October, 1952.
Clerk's Remarks: Date made after the twenty-first day of October, 1952.

438-106-021-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3466
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Broom McQueen		2. Date Of Birth (month): August (day): Sixth (year): 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: John Naisbitt McQueen		7. State or Country of Father's Birth: Glasgow, Scotland	
MOTHER	8. Full Maiden Name of Mother: Fanny Eliza Swann		9. State or Country of Mother's Birth: Peterson, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James B McQueen	11. Present Address of Registrant: 45 North Second East Preston, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 11 1952	12. Signature of Notary: Ted Larsen	13. Notary Commission expires: May 15 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: Aug. 6, 1889
Class* A	Date of Birth: Aug. 6, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued:	Date Orig. Entry: Feb. 5, 1916
Class B	Date of Birth: Aug. 6, 1889 / Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: Nov. 1, 1937
Class B	Date of Birth: Aug. 6, 1889 / Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Nov. 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 19 1952

James A. McKeen

PRESTON, IDAHO

649-119-029-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3478
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALFRED HENRY WURMAN
2. Date of Birth (month) (day) (year): MAY 19 1889
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: LATAH b. City or Town of Birth: NEAR HARVARD

FATHER

6. Full Name of Father: JACOB WURMAN
7. State or Country of Father's Birth: SWITZERLAND

MOTHER

8. Full Maiden Name of Mother: JANE POWELL
9. State or Country of Mother's Birth: KENTUCKY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred Henry Wurman
11. Present Address of Registrant: 2541 N.W. 6TH. SEATTLE WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: October 27 1952
12. Signature of Notary: Robt W Terry
13. Notary Commission expires: June 22, 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record of 1900	Department of Commerce Roy V. Peel	6/5/52	June 1, 1900

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 1889 11 yrs old	Idaho		Jacob Wurman

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by older sister	Anna Kinman	10/16/52	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 19, 1889	Near Harvard, Ida.		

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother	James Wurman	Nov. 17, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 19, 1889	near Harvard, Idaho		

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	Nov. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 24 1962

959-213-008-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3534
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Jane Reid		2. Date of Birth (month) Dec (day) 13 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise; b. City or Town of Birth: Quartzburg - Idaho
FATHER	6. Full Name of Father: James Reid		7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Elizabeth Daley		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Jane Shepard	11. Present Address of Registrant: Atlantic-Ia. 608-W10th St
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 10th 1952	12. Signature of Notary: Blanche Estensen	13. Notary Commission expires: July 4 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Roman Catholic Church St. John's - Thomas J. Kelly	Date Issued: 9/2/52	Date Orig. Entry: Baptized on ~~Dec. 15, 1890~~
Class* A	Date of Birth: Dec. 13, 1889 / Birth Place:	Full Name of Mother: Elizabeth Daley	Name of Father: James Reid	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Agnes Phillips	Date Issued: 11/26/52	Date Orig. Entry:
Class B	Date of Birth: Dec. 13, 1889 / Birth Place: Quartzberg, Idaho	Full Name of Mother: Elizabeth Reid	Name of Father: James Reid	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Dec. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 15 1955

1. Full name at birth: Mary Jane Field
2. Sex: Female
3. Place of birth: Idaho
4. County: Ada
5. Date of birth: Dec. 15, 1899
6. Full name of father: James Field
7. Full maiden name of mother: Elizabeth Fields
8. State or country of father's birth: Ireland
9. State or country of mother's birth: California
10. Present address of applicant: Mr. Willie Lee Moore
11. Notary Commission expires: 12 [illegible]

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

Signature of applicant

Subscribed and sworn to before me on 12. Signature of Notary

Date of Document: Dec. 15, 1899

Date of birth: Birth Place

Full name of mother

Name of father

Date of Document: Dec. 15, 1899

Date of birth: Birth Place

Full name of Mother

Name of father

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above application.

Signature of Registrar

Evidence reviewed by

Date filed: Dec. 6, 1962

718-73-035-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-35
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORA MYRTLE GAINER		2. Date of Birth (month) MAY (day) 23 (year) 1889
	3. Color or Race: WHITE	4. Sex: F.M	5. Place of Birth a. County: CAVENDISH, NEZ PERCE; b. City or Town of Birth: CAVENDISH IDAHO
FATHER	6. Full Name of Father: STERNS E. GAINER		7. State or Country of Father's Birth: WEST VIRGINIA
MOTHER	8. Full Maiden Name of Mother: ELLA MAY FERGUSON		9. State or Country of Mother's Birth: VIRGINIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora Myrtle Gainer	11. Present Address of Registrant: 9636 - 77 WE Edmonton Alta.
NOTARY (Seal)	Subscribed and sworn to before me on: November 7th 1952	12. Signature of Notary: Attleton Birdt	13. Notary Commission expires: in a continuing commission 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by	By whom issued and signed: Jennie B. Brown	Date Issued: Jan. 2, 1953	Date Orig. Entry
Class* B	Date of Birth: May 23, 1889 / Birth Place: Cavendish, Idaho	Full Name of Mother: Ella May Ferguson	Name of Father: Sterns E. Gainer	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Victorine Bailey	Date Issued: Jan. 2, 1953	Date Orig. Entry
Class B	Date of Birth: May 23, 1889 / Birth Place: Cavendish, Idaho	Full Name of Mother: Ella May Ferguson	Name of Father: Sterns E. Gainer	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Ger H. Wells	Date Issued: Jan. 2, 1953	Date Orig. Entry
Class B	Date of Birth: May 23, 1889 / Birth Place: Cavendish, Idaho	Full Name of Mother: Ella May Ferguson	Name of Father: Sterns E. Gainer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eefer	Jan. 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 2 1975

JAN 13 1969

318-118-036-916

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 109
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Taylor Franklin			2. Date of Birth (month) August (day) 18th (year) 1889.
	3. Color or Race	4. Sex	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: Lamoni Taylor			7. State or Country of Father's Birth: Far West Utah.
MOTHER	8. Full Maiden Name of Mother: Leonora Obedience Rawson Taylor			9. State or Country of Mother's Birth: Ogden Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Taylor		11. Present Address of Registrant: 211 Helena Hotel Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on January 27 1953	12. Signature of Notary: [illegible]		13. Notary Commission expires 1/21/57 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church, signed by Joseph Fielding Smith	Date Issued: 1/16/53	Date Orig. Entry: Nov. 15, 1889
Class* A	Date of Birth: Aug. 18, 1889 / Birth Place: Franklin, Idaho	Full Name of Mother: Lenora Taylor	Name of Father: Lamoni Taylor	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Rawson Taylor	Date Issued: 1/27/53	Date Orig. Entry:
Class B	Date of Birth: Aug. 18, 1889 / Birth Place: Franklin, Idaho	Full Name of Mother: Lenora Obedience Rawson Taylor	Name of Father: Lamoni Taylor	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton		Date Filed: Feb. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 3 1950

Howard E. Taylor

418-227-006-159

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-343
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maida Slenah Dayton			2. Date of Birth (month) (day) (year): June 27, 1889
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Iona, Idaho Bingham	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Charles Myrum Dayton			7. State or Country of Father's Birth: Utah (Heber City)
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Berry			9. State or Country of Mother's Birth: Utah (Cedar Fort, Utah County)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maida Gifford		11. Present Address of Registrant: 586 H Street, Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: December 15 19 52	12. Signature of Notary: L M Blaylock		13. Notary Commission expires: February 20 19 56

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptised	Date Orig. Entry: June 3, 1897
Class* B	Date of Birth: June 27, 1889 / Birth Place: Iona, Idaho	Full Name of Mother: Sarah Berry	Name of Father: Charles H. Dayton	
SUPPORTING RECORD 2.	Type of Document: Record of Membership	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: June 3, 1897
Class B	Date of Birth: June 27, 1889 / Birth Place: Iona, Idaho	Full Name of Mother: Sarah Berry	Name of Father: Charles H. Dayton	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance	Date Issued: Jan. 9, 1922	Date Orig. Entry:
Class B	Date of Birth: 33 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Walter Fielden	Date Filed: Apr. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Vital Statistics
Division of Vital Statistics
Boise, Idaho

CERTIFICATE

(Person whose birth is being registered)

1. Name of child: Lexie Lyson

2. Sex: F

3. Place of birth: Lone, Idaho

4. Date of birth: June 27, 1889

5. Full name of father: [illegible]

6. Maiden name of mother: [illegible]

7. Birthplace of father: [illegible]

8. Birthplace of mother: Utah (Cedar Fort, Utah County)

9. Present address of applicant: [illegible] W. Bonneville, Idaho Falls

10. Applicant's relationship: [illegible]

AFFIDAVIT

I, [illegible] Ann Berry, being duly sworn upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of applicant: [illegible]

NOTARY

Subscribed and sworn to before me

12. Signature of notary: [illegible]

My commission expires: January 20, 1956

SUPPORTING RECORD 1.

Type of Document: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 3.

Type of Document: [illegible]

Date of Birth: [illegible]

Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

MODIFICATIONS

No prior birth certificate has been issued in the division of vital statistics for this person.

I, [illegible] hereby certify that the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Filed: [illegible]

Signature of Registrar: [illegible]

Evidence presented by: [illegible]

Abr.

*Legal records are those made and kept by the [illegible]

Clerk. Reports are those made [illegible]

Form [illegible]

735-119-014-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-346
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE SAMUEL GLENN			2. Date of Birth (month) (day) (year): June 19, 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: THOMAS MORROW GLENN			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: IDA MAY GOFFIN			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Samuel Glenn		11. Present Address of Registrant: Route #2, Box ~~309~~ 301 Molalla, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1953	12. Signature of Notary: Robert B Dunlap		13. Notary Commission expires: May 23, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: County Sup't of Schools Canyon County	Date Issued: Census of	Date Orig. Entry: 1895
Class* B	Date of Birth: 6 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Thomas Morrow Glenn	Date Issued: 3-20-53	Date Orig. Entry:
Class B	Date of Birth: June 19, 1889	Birth Place: Caldwell, Idaho	Full Name of Mother: Ida May Coffin	Name of Father: Thomas Morrow Glenn
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #86753	Date Issued:	Date Orig. Entry: Jan. 17, 1921
Class B	Date of Birth: 33 yrs old	Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Apr. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[redacted]

241-130-036-289

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-482
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Shrives Smart		2. Date of Birth (month) May (day) 30 (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin Oneida County	b. City or Town of Birth: Franklin Idaho
FATHER	6. Full Name of Father: Thomas Sherratt Smart		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Minnie Shrives		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin S. Smart	11. Present Address of Registrant: 2275 04th East Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 12th 1953	12. Signature of Notary: Fred A. H. Pohlfing	13. Notary Commission expires: Nov. 11- 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: New York Life Insurance Co.	Date Issued: Nov. 7, 1917	Date Orig. Entry
Class* B	Date of Birth: May 30, 1889	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued	Date Orig. Entry: Sept. 5, 1897
Class B	Date of Birth: May 30, 1889	Birth Place: Franklin, Idaho	Full Name of Mother: Minnie Shrives	Name of Father: Thomas S. Smart
SUPPORTING RECORD 3.	Type of Document: Operator's License	By whom issued and signed: State of California	Date Issued	Date Orig. Entry: June 7, 1938
Class B	Date of Birth: May 30, 1889	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Felder	Date Filed: May 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. District No.

MAY 14 1953

1. Full name of child
Person where
Birth is being
registered)

2. Color or Race
WHITE

3. Sex
Male

4. Place of Birth
County
Clearwater County

5. Date of Birth
MAY 20 1929

6. Full name of father
[illegible]

7. Full maiden name of mother
[illegible]

8. Place of residence of parents
Orofino, Idaho

9. State or country of parents' birth
Idaho

10. State or country of mother's birth
Idaho

11. I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Address of Registrant
Orofino, Idaho

Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

DO NOT WRITE BELOW THIS LINE

Supporting Record 1.
Type of Document
Date of Birth
Birth Place
Full Name of Mother
Maiden Name of Mother
Date Issued
Date Orig. Entry
Issuing Agency and Signature
Name of Father

Supporting Record 2.
Type of Document
Date of Birth
Birth Place
Full Name of Mother
Maiden Name of Mother
Date Issued
Date Orig. Entry
Issuing Agency and Signature
Name of Father

Supporting Record 3.
Type of Document
Operator's License
Date of Birth
May 20, 1929
Full Name of Mother
Maiden Name of Mother
Date Issued
Date Orig. Entry
June 7, 1952
Name of Father

Supporting Record 4.
Type of Document
Date of Birth
Birth Place
Full Name of Mother
Maiden Name of Mother
Date Issued
Date Orig. Entry
Issuing Agency and Signature
Name of Father

Supporting Record 5.
Type of Document
Date of Birth
Birth Place
Full Name of Mother
Maiden Name of Mother
Date Issued
Date Orig. Entry
Issuing Agency and Signature
Name of Father

Supporting Record 6.
Type of Document
Date of Birth
Birth Place
Full Name of Mother
Maiden Name of Mother
Date Issued
Date Orig. Entry
Issuing Agency and Signature
Name of Father

I hereby certify that no birth certificate has been found in the Division of Vital Statistics of Idaho, and that the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of Registrar
R. E. Robinson

Filing date reviewed by

Date Filed
May 14, 1953

AMENDED DEC. 16, 1954

Department of Public Health
Division of Vital Statistics
Boise, Idaho . 465-215-028-695

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-576
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CORA MYRTLE MONSON			2. Date of Birth (month) Oct. (day) 15, (year) 1889
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho Kootenai	b. City or Town of Birth: Cataldo
FATHER	6. Full Name of Father: Peter M. Monson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Helma M. Winger			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Myrtle Monson Christensen		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Dec. 14 1954	12. Signature of Notary: Louise Keeler		13. Notary Commission expires March 12 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Peter M. Monson	Date Issued: Oct. 15, 1889	Date Orig. Entry
Class* A	Date of Birth: Oct. 15,	Birth Place: 1889, Cataldo,	Full Name of Mother: Idaho	Name of Father
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Aug. 2, 1899
Class B	Date of Birth: Oct. 15,	Birth Place: 1889, Cataldo,	Full Name of Mother: Idaho Hilma Winger	Name of Father: Peter Monson
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton		Date Filed: June 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pd

Form DPH #0067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

1. Registrant's full name at birth: [illegible]

2. Color or race: [illegible] 3. Sex: [illegible] 4. Place of birth: County: [illegible]

5. Date of birth: [illegible]

6. Full name of father: [illegible]

7. Place or country of father's birth: [illegible]

8. Full maiden name of mother: [illegible]

9. Place or country of mother's birth: [illegible]

10. Signature of registrant: [illegible]

11. Present address of registrant: [illegible]

12. Signature of notary: [illegible]

13. Notary commission expires: [illegible]

14. Date of document: [illegible]

15. Date of birth: [illegible]

16. Full name of father: [illegible]

17. Date issued: [illegible]

18. Date of birth: [illegible]

19. Full name of mother: [illegible]

20. Date issued: [illegible]

21. Type of document: [illegible]

22. By whom issued and signed: [illegible]

23. Date of birth: [illegible]

24. Full name of mother: [illegible]

25. Date issued: [illegible]

26. Date of birth: [illegible]

27. Full name of mother: [illegible]

28. Date issued: [illegible]

29. Date of birth: [illegible]

30. Full name of mother: [illegible]

31. Date issued: [illegible]

32. Date of birth: [illegible]

33. Full name of mother: [illegible]

34. Date issued: [illegible]

35. Date of birth: [illegible]

36. Full name of mother: [illegible]

37. Date issued: [illegible]

38. Date of birth: [illegible]

39. Full name of mother: [illegible]

40. Date issued: [illegible]

41. Date of birth: [illegible]

42. Full name of mother: [illegible]

43. Date issued: [illegible]

44. Date of birth: [illegible]

45. Full name of mother: [illegible]

46. Date issued: [illegible]

47. Date of birth: [illegible]

48. Full name of mother: [illegible]

49. Date issued: [illegible]

50. Date of birth: [illegible]

51. Full name of mother: [illegible]

52. Date issued: [illegible]

53. Date of birth: [illegible]

54. Full name of mother: [illegible]

55. Date issued: [illegible]

56. Date of birth: [illegible]

57. Full name of mother: [illegible]

58. Date issued: [illegible]

59. Date of birth: [illegible]

60. Full name of mother: [illegible]

61. Date issued: [illegible]

62. Date of birth: [illegible]

63. Full name of mother: [illegible]

64. Date issued: [illegible]

65. Date of birth: [illegible]

66. Full name of mother: [illegible]

67. Date issued: [illegible]

68. Date of birth: [illegible]

69. Full name of mother: [illegible]

70. Date issued: [illegible]

71. Date of birth: [illegible]

72. Full name of mother: [illegible]

73. Date issued: [illegible]

74. Date of birth: [illegible]

75. Full name of mother: [illegible]

76. Date issued: [illegible]

77. Date of birth: [illegible]

78. Full name of mother: [illegible]

79. Date issued: [illegible]

80. Date of birth: [illegible]

81. Full name of mother: [illegible]

82. Date issued: [illegible]

83. Date of birth: [illegible]

84. Full name of mother: [illegible]

85. Date issued: [illegible]

86. Date of birth: [illegible]

87. Full name of mother: [illegible]

88. Date issued: [illegible]

89. Date of birth: [illegible]

90. Full name of mother: [illegible]

91. Date issued: [illegible]

92. Date of birth: [illegible]

93. Full name of mother: [illegible]

94. Date issued: [illegible]

95. Date of birth: [illegible]

96. Full name of mother: [illegible]

97. Date issued: [illegible]

98. Date of birth: [illegible]

99. Full name of mother: [illegible]

100. Date issued: [illegible]

101. Date of birth: [illegible]

102. Full name of mother: [illegible]

103. Date issued: [illegible]

104. Date of birth: [illegible]

105. Full name of mother: [illegible]

106. Date issued: [illegible]

107. Date of birth: [illegible]

108. Full name of mother: [illegible]

109. Date issued: [illegible]

110. Date of birth: [illegible]

111. Full name of mother: [illegible]

112. Date issued: [illegible]

113. Date of birth: [illegible]

114. Full name of mother: [illegible]

115. Date issued: [illegible]

116. Date of birth: [illegible]

117. Full name of mother: [illegible]

118. Date issued: [illegible]

119. Date of birth: [illegible]

120. Full name of mother: [illegible]

121. Date issued: [illegible]

122. Date of birth: [illegible]

123. Full name of mother: [illegible]

124. Date issued: [illegible]

125. Date of birth: [illegible]

126. Full name of mother: [illegible]

127. Date issued: [illegible]

128. Date of birth: [illegible]

129. Full name of mother: [illegible]

130. Date issued: [illegible]

131. Date of birth: [illegible]

132. Full name of mother: [illegible]

133. Date issued: [illegible]

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759. Full name of mother: [illegible]

760. Date issued: [illegible]

761. Date of birth: [illegible]

762. Full name of mother: [illegible]

763. Date issued: [illegible]

764. Date of birth: [illegible]

765. Full name of mother: [illegible]

766. Date issued: [illegible]

767. Date of birth: [illegible]

768. Full name of mother: [illegible]

769. Date issued: [illegible]

770. Date of birth: [illegible]

771. Full name of mother: [illegible]

772. Date issued: [illegible]

773. Date of birth: [illegible]

774. Full name of mother: [illegible]

775. Date issued: [illegible]

776. Date of birth: [illegible]

777. Full name of mother: [illegible]

778. Date issued: [illegible]

779. Date of birth: [illegible]

780. Full name of mother: [illegible]

781. Date issued: [illegible]

782. Date of birth: [illegible]

783. Full name of mother: [illegible]

784. Date issued: [illegible]

785. Date of birth: [illegible]

786. Full name of mother: [illegible]

787. Date issued: [illegible]

788. Date of birth: [illegible]

789. Full name of mother: [illegible]

790. Date issued: [illegible]

791. Date of birth: [illegible]

792. Full name of mother: [illegible]

793. Date issued: [illegible]

794. Date of birth: [illegible]

795. Full name of mother: [illegible]

796. Date issued: [illegible]

797. Date of birth: [illegible]

798. Full name of mother: [illegible]

799. Date issued: [illegible]

800. Date of birth: [illegible]

801. Full name of mother: [illegible]

802. Date issued: [illegible]

803. Date of birth: [illegible]

804. Full name of mother: [illegible]

805. Date issued: [illegible]

806. Date of birth: [illegible]

807. Full name of mother: [illegible]

808. Date issued: [illegible]

809. Date of birth: [illegible]

810. Full name of mother: [illegible]

811. Date issued: [illegible]

812. Date of birth: [illegible]

813. Full name of mother: [illegible]

814. Date issued: [illegible]

815. Date of birth: [illegible]

816. Full name of mother: [illegible]

817. Date issued: [illegible]

818. Date of birth: [illegible]

819. Full name of mother: [illegible]

820. Date issued: [illegible]

821. Date of birth: [illegible]

822. Full name of mother: [illegible]

823. Date issued: [illegible]

824. Date of birth: [illegible]

825. Full name of mother: [illegible]

826. Date issued: [illegible]

827. Date of birth: [illegible]

828. Full name of mother: [illegible]

829. Date issued: [illegible]

830. Date of birth: [illegible]

831. Full name of mother: [illegible]

832. Date issued: [illegible]

833. Date of birth: [illegible]

834. Full name of mother: [illegible]

835. Date issued: [illegible]

836. Date of birth: [illegible]

837. Full name of mother: [illegible]

838. Date issued: [illegible]

839. Date of birth: [illegible]

840. Full name of mother: [illegible]

841. Date issued: [illegible]

842. Date of birth: [illegible]

843. Full name of mother: [illegible]

844. Date issued: [illegible]

845. Date of birth: [illegible]

846. Full name of mother: [illegible]

847. Date issued: [illegible]

848. Date of birth: [illegible]

849. Full name of mother: [illegible]

850. Date issued: [illegible]

851. Date of birth: [illegible]

852. Full name of mother: [illegible]

853. Date issued: [illegible]

854. Date of birth: [illegible]

855. Full name of mother: [illegible]

856. Date issued: [illegible]

857. Date of birth: [illegible]

858. Full name of mother: [illegible]

859. Date issued: [illegible]

860. Date of birth: [illegible]

861. Full name of mother: [illegible]

862. Date issued: [illegible]

863. Date of birth: [illegible]

864. Full name of mother: [illegible]

865. Date issued: [illegible]

866. Date of birth: [illegible]

867. Full name of mother: [illegible]

868. Date issued: [illegible]

869. Date of birth: [illegible]

870. Full name of mother: [illegible]

871. Date issued: [illegible]

872. Date of birth: [illegible]

873. Full name of mother: [illegible]

874. Date issued: [illegible]

875. Date of birth: [illegible]

876. Full name of mother: [illegible]

877. Date issued: [illegible]

878. Date of birth: [illegible]

879. Full name of mother: [illegible]

880. Date issued: [illegible]

881. Date of birth: [illegible]

882. Full name of mother: [illegible]

883. Date issued: [illegible]

884. Date of birth: [illegible]

885. Full name of mother: [illegible]

886. Date issued: [illegible]

887. Date of birth: [illegible]

888. Full name of mother: [illegible]

889. Date issued: [illegible]

890. Date of birth: [illegible]

891. Full name of mother: [illegible]

892. Date issued: [illegible]

893. Date of birth: [illegible]

894. Full name of mother: [illegible]

895. Date issued: [illegible]

896. Date of birth: [illegible]

897. Full name of mother: [illegible]

898. Date issued: [illegible]

899. Date of birth: [illegible]

900. Full name of mother: [illegible]

901. Date issued: [illegible]

902. Date of birth: [illegible]

903. Full name of mother: [illegible]

904. Date issued: [illegible]

905. Date of birth: [illegible]

906. Full name of mother: [illegible]

907. Date issued: [illegible]

908. Date of birth: [illegible]

909. Full name of mother: [illegible]

910. Date issued: [illegible]

911. Date of birth: [illegible]

912. Full name of mother: [illegible]

913. Date issued: [illegible]

914. Date of birth: [illegible]

915. Full name of mother: [illegible]

916. Date issued: [illegible]

917. Date of birth: [illegible]

918. Full name of mother: [illegible]

919. Date issued: [illegible]

920. Date of birth: [illegible]

921. Full name of mother: [illegible]

922. Date issued: [illegible]

923. Date of birth: [illegible]

924. Full name of mother: [illegible]

925. Date issued: [illegible]

926. Date of birth: [illegible]

927. Full name of mother: [illegible]

928. Date issued: [illegible]

929. Date of birth: [illegible]

930. Full name of mother: [illegible]

931. Date issued: [illegible]

932. Date of birth: [illegible]

933. Full name of mother: [illegible]

934. Date issued: [illegible]

935. Date of birth: [illegible]

936. Full name of mother: [illegible]

937. Date issued: [illegible]

938. Date of birth: [illegible]

939. Full name of mother: [illegible]

940. Date issued: [illegible]

941. Date of birth: [illegible]

942. Full name of mother: [illegible]

943. Date issued: [illegible]

944. Date of birth: [illegible]

945. Full name of mother: [illegible]

946. Date issued: [illegible]

947. Date of birth: [illegible]

948. Full name of mother: [illegible]

949. Date issued: [illegible]

950. Date of birth: [illegible]

951. Full name of mother: [illegible]

952. Date issued: [illegible]

953. Date of birth: [illegible]

954. Full name of mother: [illegible]

955. Date issued: [illegible]

956. Date of birth: [illegible]

957. Full name of mother: [illegible]

958. Date issued: [illegible]

959. Date of birth: [illegible]

960. Full name of mother: [illegible]

961. Date issued: [illegible]

962. Date of birth: [illegible]

963. Full name of mother: [illegible]

964. Date issued: [illegible]

965. Date of birth: [illegible]

966. Full name of mother: [illegible]

967. Date issued: [illegible]

968. Date of birth: [illegible]

969. Full name of mother: [illegible]

970. Date issued: [illegible]

971. Date of birth: [illegible]

972. Full name of mother: [illegible]

973. Date issued: [illegible]

974. Date of birth: [illegible]

975. Full name of mother: [illegible]

976. Date issued: [illegible]

977. Date of birth: [illegible]

978. Full name of mother: [illegible]

979. Date issued: [illegible]

980. Date of birth: [illegible]

981. Full name of mother: [illegible]

982. Date issued: [illegible]

983. Date of birth: [illegible]

984. Full name of mother: [illegible]

985. Date issued: [illegible]

986. Date of birth: [illegible]

987. Full name of mother: [illegible]

988. Date issued: [illegible]

989. Date of birth: [illegible]

990. Full name of mother: [illegible]

991. Date issued: [illegible]

992. Date of birth: [illegible]

993. Full name of mother: [illegible]

994. Date issued: [illegible]

995. Date of birth: [illegible]

996. Full name of mother: [illegible]

997. Date issued: [illegible]

998. Date of birth: [illegible]

999. Full name of mother: [illegible]

1000. Date issued: [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 576
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CORA MYRTLE MONSON		2. Date of Birth (month) October (day) 15 (year) 1899	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Cataldo
FATHER	6. Full Name of Father: Peter M. Monson		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Helma M. Winger		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Myrtle Monson	11. Present Address of Registrant: 295 - 5th Street Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3rd 1953.	12. Signature of Notary: Louise Keefer	13. Notary Commission expires: March 12 1955.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record of births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Oct. 15, 1899
Class* A	Date of Birth: Oct. 15, 1899 / Birth Place: Cataldo, Idaho	Full Name of Mother: Helma M. Winger	Name of Father: Peter M. Monson	
SUPPORTING RECORD 2.	Type of Document: Church records	By whom issued and signed: L.D.S. Church, Harold E. Collard Ward Clerk	Date Issued:	Date Orig. Entry: Baptized on Aug. 2, 1899
Class A	Date of Birth: Oct. 15, 1899 / Birth Place: Cataldo, Idaho	Full Name of Mother: Hilma Winger	Name of Father: Peter Monson	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 8, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8 1953

DEC 17 1954

Date of Birth: Oct. 16, 1899

Place of Birth: Oregon, Idaho

Father's Name: Peter E. Wagner

Mother's Name: Elsie L. Wagner

Date of Marriage: Aug. 3, 1918

Place of Marriage: Lewiston, Idaho

Husband's Name: Peter E. Wagner

Wife's Name: Elsie L. Wagner

Date of Death: June 8, 1952

Place of Death: Lewiston, Idaho

Cause of Death: Cerebral Hemorrhage

Informant: Mrs. Ruth Wagner, Lewiston, Idaho

Relationship: Daughter

Date Filed: June 8, 1952

Registrar: W. E. Benson

Date Registered: June 9, 1952

437-217-001-752

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 586
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAGGIE MYRTLE MC GUIRE			2. Date of Birth (month) April (day) 17 (year) 1889
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Ada County	b. City or Town of Birth: Dixie, Idaho
FATHER	6. Full Name of Father: Robert Henry McGuire			7. State or Country of Father's Birth: Nackawick, New Brunswick, Canada
MOTHER	8. Full Maiden Name of Mother: Lora Ann Gess			9. State or Country of Mother's Birth: Trenton, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maggie Myrtle McGuire		11. Present Address of Registrant: Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 8th 1953	12. Signature of Notary: Joan L. Bryant		13. Notary Commission expires: Sept. 27 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Robert H. McGuire	Date Issued: 1889	Date Orig. Entry: 1889
Class* A.	Date of Birth: Apr 17, 1889 / Birth Place: Dixie, Idaho Ada County	Full Name of Mother: Lora Ann Gess	Name of Father: Robert Henry McGuire	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics State of Idaho #92284	Date Issued: 7/29/21	Date Orig. Entry: July 29, 1921
Class B.	Date of Birth: 32 yrs old / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: June 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

Full name at birth

Date of birth

Place of birth

FATHER

Full name of father

Place of birth

State or country of father's birth

MOTHER

Full maiden name of mother

Place of birth

State or country of mother's birth

Lena Lou Gass

Boise, Idaho

Ada County

Bedlowlock, New Brunswick, Canada

Trenton, Missouri

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of registrant

Mailing address of registrant

Subscribed and sworn to before me

Signature of notary

Notary Commission expires

DO NOT WRITE BELOW THIS LINE

Date issued

Date delay Entry

Name of father

Full name of mother

Place of birth

Date of birth

Type of document

Date issued

Date delay Entry

Name of father

Full name of mother

Place of birth

Date of birth

Type of document

Date issued

Date delay Entry

Name of father

Full name of mother

Place of birth

Date of birth

Type of document

Date issued

Date delay Entry

Name of father

Full name of mother

Place of birth

Date of birth

Type of document

Certificate of birth not on file in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing statement.

Date filed

Evidence submitted by

Date of error

E. W. Benson

Eva Kerns

Date

664-226-035-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-612
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Medora Fountain			2. Date of Birth (month) April (day) 26, (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Now Nez Perce County, Idaho	b. City or Town of Birth: Tammany area
FATHER	6. Full Name of Father: Henry Kalfus Fountain			7. State or Country of Father's Birth: Oregon Territory
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Denney			9. State or Country of Mother's Birth: Idaho Territory
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Fountain Schneider	11. Present Address of Registrant: 1000 Vista Ave. Portland, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1953		12. Signature of Notary: Jean Wegelins	13. Notary Commission expires: Oct. 21 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom issued and signed: Tom W. Boise	Date Issued: May 19, 1953	Date Orig. Entry
Class* B	Date of Birth: Apr. 26, 1889 / Birth Place: Nez Perce County	Full Name of Mother: Sara Elizabeth Denney	Name of Father: Henry Kalfus Fountain	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Edw. Baird Neill	Date Issued: May 19, 1953	Date Orig. Entry
Class B	Date of Birth: Apr. 26, 1889 / Birth Place: Nez Perce County	Full Name of Mother: Sara Elizabeth Denney	Name of Father: Henry Kalfus Fountain	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: A. L. Creelman	Date Issued: May 19, 1953	Date Orig. Entry
Class B	Date of Birth: Apr. 26, 1889 / Birth Place: Nez Perce County	Full Name of Mother: Sara Elizabeth Denney	Name of Father: Henry Kalfus Fountain	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeter	Date Filed: June 15, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 16 1963

2. Date of Birth (month) (day) (year)

7. State or Country of Father's Birth

Idaho Territory

8. State or Country of Mother's Birth

Idaho Territory

11. Present Address of Registrant

Type of Document

Affidavit

Date of Birth Birth Place

Full Name of Mother

By whom issued and signed

Date issued

Date orig. Entry

Name of Father

Type of Document

Affidavit

Date of Birth Birth Place

Full Name of Mother

By whom issued and signed

Date issued

Date orig. Entry

Name of Father

Type of Document

Affidavit

Date of Birth Birth Place

Full Name of Mother

By whom issued and signed

Date issued

Date orig. Entry

Name of Father

Registrar's Certificate: I hereby certify that no prior birth certificate has been found on file in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the delayed certificate.

(Signature of registrar)

State Registrar

Date filed

June 14, 1952

"Class A Records are those made on the date of the event or within one month thereafter.
Class B Records are those made after one month thereafter but prior to one year.
Class C Records are those made after one year.

Department of Public Health
Division of Vital Statistics
Boise, Idaho 546-212-014-66646

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 727
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Edwards		2. Date of Birth (month) January (day) 12 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Now Payette Co. Then Canyon Co.	b. City or Town of Birth: Payette Idaho.
FATHER	6. Full Name of Father: George William Edwards		7. State or Country of Father's Birth: Southampton, England (Naturalized	
MOTHER	8. Full Maiden Name of Mother: Matilda Agnes Edwards (Womack)		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Edwards Now known as Clara Jones	11. Present Address of Registrant: 909 Diamond St. Monrovia, Cal.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28th 1953	12. Signature of Notary: Lois M. Tripp	13. Notary Commission expires: State of California County of Los Angeles July 2 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Family record of births from a book written in its entirety by the Mother	By whom issued and signed: Said Book and copy of excerpt examined by E.I.Edwards and acknowledged by N. P. on 5/22/53	Date Issued	Date Orig. Entry
	Date of Birth: Jan. 12, 1889	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Birth Certificate No. 71056 of a daughter	By whom issued and signed: State of Idaho Bureau of Vital Statistics	Date Issued: Filed on July 30, 1919	Date Orig. Entry: Child born on July 30, 1919
	Date of Birth: 30 yrs old	Birth Place: Payette, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Uncle	By whom issued and signed: G. W. Womack	Date Issued: 4/22/52	Date Orig. Entry
	Date of Birth: Jan. 12, 1889	Birth Place: Payette, Idaho	Full Name of Mother: Matilda Agnes Womack	Name of Father: George Williams Edwards
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: July 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 31 1953

238-108-006-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-797
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Frederick Schneiter			2. Date of Birth (month) October (day) 8 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Lewisville, Idaho
FATHER	6. Full Name of Father: Anton K. Schneiter			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Johanna Louise Goode			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Frederick Schneiter		11. Present Address of Registrant: 153 7th St.—Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: August 15th 1953	12. Signature of Notary: Wesley Lund		13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Johanna Schneiter-Mother	Date Issued: 1889	Date Orig. Entry: Oct of 1889
Class* A.	Date of Birth: Oct. 8-1889 / Birth Place: Lewisville, Ida.	Full Name of Mother: Johanna Schneiter	Name of Father: Anton K. Schneiter	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: 6/13/50	Date Orig. Entry: 6/13/50
Class B.	Date of Birth: Oct 8-1889 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Turnipseed		Date Filed: Aug 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name at birth: William Frederick Schmeiter	2. Date of birth: Month October, Day 8, Year 1889
3. Sex: Male	4. Color or race: White
5. Place of birth: County: Bingham County	6. City or town of birth: Lewisville, Idaho
7. Father's full name: Anton K. Schmeiter	8. State or country of father's birth: Germany
9. Mother's full name: Johanna Louise Lodge	10. State or country of mother's birth: Germany
11. Present address of applicant: 153 4th St., Ogden, Utah	
12. Signature of applicant: [illegible]	13. Notary Commission expires: 19

Supporting Record 1: Type of document: Family Bible Record. Date of birth, birth place: [illegible]. Date issued: 1889. Date orig. entry: Oct. of 1889. By whom issued and signed: Johanna Schmeiter-Mother. Full name of mother: [illegible]. Name of father: Anton K. Schmeiter.

Supporting Record 2: Type of document: Life Insurance Policy. Date of birth, birth place: Oct 8-1889. Date issued: 6/13/50. Date orig. entry: 6/13/50. By whom issued and signed: Occidental Life Ins. Co. Full name of mother: [illegible]. Name of father: [illegible].

Supporting Record 3: Type of document: [illegible]. Date of birth, birth place: [illegible]. Date issued: [illegible]. Date orig. entry: [illegible]. By whom issued and signed: [illegible]. Full name of mother: [illegible]. Name of father: [illegible].

Qualifying Information: [illegible]

I hereby certify that no record of birth has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

Signature of registrar	Evidence reviewed by	Date filed
N. W. Leman	Eva Turnipseed	Aug 12, 1953

419-216-040-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 935
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Darcey		2. Date of Birth (month) Feb (day) 16 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Shoshone	b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: Peter James Darcey		7. State or Country of Father's Birth: Ireland	
MOTHER	8. Full Maiden Name of Mother: Beesy Waters		9. State or Country of Mother's Birth: Ireland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E Blicks	11. Present Address of Registrant: 6420-11th Ave Los Angeles	
NOTARY (Seal)	Subscribed and sworn to before me on: October 1 1953	12. Signature of Notary: Alice M. Greenlee	13. Notary Commission expires: May 15 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application and Insurance Policy # 111 770 351	By whom issued and signed: The Prudential Insurance Co.	Date Issued: Application 1/22/38	Date Orig. Entry: Policy issued Jan 31, 1938
Class* B	Date of Birth: Feb. 16, 1889	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Application and Insurance Policy # M6 580 347	By whom issued and signed: The Prudential Insurance Co.	Date Issued: Application 2/18/41	Date Orig. Entry: Policy on Mar. 3, 1941
Class	Date of Birth: Feb. 16, 1889	Birth Place: Wardner, Idaho	Full Name of Mother: Beesy Waters	Name of Father: Peter Darcey
SUPPORTING RECORD 3.	Type of Document: Affidavit by Older Cousin	By whom issued and signed: Katherine Gibbons	Date Issued: 9/15/53	Date Orig. Entry:
Class B	Date of Birth: Feb. 16, 1889	Birth Place: Wardner	Full Name of Mother: Beesy Waters	Name of Father: Peter James Darcey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: October 5, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 5 1962

753-104-006-964

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 943
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Delbert Peck
2. Date of Birth (month) (day) (year): March 4 1889
3. Color or Race: white
4. Sex: male
5. Place of Birth: County Bingham, Gentile Valley Ida
6b. City or Town of Birth: Gentile Valley

FATHER

6. Full Name of Father: Lucius Agustus Peck
7. State or Country of Father's Birth: Fort Laramie Wyo.

MOTHER

8. Full Maiden Name of Mother: Evelyn Aurelia Roundy
9. State or Country of Mother's Birth: Salt Lake City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Delbert Peck
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: August 17, 1953
12. Signature of Notary: Alton M. Alexander
13. Notary Commission expires: May 14 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Membership record	L. D. S. Church, by Joseph Fielding Smith	9/11/53	Entered on record May 28, 1898

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 4, 1889	Gentile Valley, Idaho	Evalyn Roundy	L. A. Peck

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Applicatiom for Insurance	Beneficial Life Insurance Co.	Sept. 20, 1926	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 4, 1889	Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by older Sister	Arletta Bollwinkel	Oct. 1, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 4, 1889	Gentile Valley, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	Oct. 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 7 1953

863-220-001-675

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 975
Local Reg. No.
Reg. Dist. No.

OCT 20 1953

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA HOLVERSON		2. Date of Birth (month) (day) (year): October 20th 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Star, Idaho, U.S.A. b. City or Town of Birth:
FATHER	6. Full Name of Father: John Holverson		7. State or Country of Father's Birth: North Dakota, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Laura Ogelsby		9. State or Country of Mother's Birth: Illinois, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella Dora	11. Present Address of Registrant: 1570 Kitchener Street, Vancouver 6, B.C.
NOTARY (Seal)	Subscribed and sworn to before me on August 24th 1953.	12. Signature of Notary: A. Miles Rattenbury	13. Notary Commission expires at will of Crown

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by an Aunt	By whom issued and signed: Anna Van Doren	Date Issued: 8/24/53	Date Orig. Entry:
Class* B	Date of Birth: Oct. 20, 1889 / Birth Place: Star, Idaho	Full Name of Mother: Laura Holverson	Name of Father: John Holverson	
SUPPORTING RECORD 2.	Type of Document: Bible record of Births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Oct. 20, 1889
Class A	Date of Birth: Oct. 20, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 21 1958

993-208-029-966

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 983
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nettie Rice		2. Date of Birth (month) Sept. (day) 8 (year) 1889	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: John Linzy Rice		7. State or Country of Father's Birth: Oregon - U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Dora Bell Rowland		9. State or Country of Mother's Birth: Nebraska - U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nettie Rice Hughes	11. Present Address of Registrant: 312 So. Post St., Spokane, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 13 1953	12. Signature of Notary: L Warden / Hend	13. Notary Commission expires: November 18 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older Sister		By whom issued and signed: Tina Kellem	Date Issued: 10/7/53	Date Orig. Entry:
Class* B	Date of Birth: Sept. 8, 1889	Birth Place: Moscow, Idaho	Full Name of Mother: Dora Bell Rice	Name of Father: John Linzy Rice	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother		By whom issued and signed: Dora Belle Rice	Date Issued: 10/2/53	Date Orig. Entry:
Class B	Date of Birth: Sept. 8, 1889	Birth Place: Moscow, Idaho	Full Name of Mother: Dora Belle Rice	Name of Father: John Linzy Rice	
SUPPORTING RECORD 3.	Type of Document: Census Record of 1900		By whom issued and signed: Bureau of the Census	Date Issued: 7/16/51	Date Orig. Entry: Census of June 1, 1900
Class B	Date of Birth: 10 yrs old Sept. 1889	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

962-210-004-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1016
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Mary Rosen		2. Date of Birth (month) July (day) 10, (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Alfred Rosen		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Rosina Hoffman		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose Mary Rosen Bolton	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Oct. 24, 19 53	12. Signature of Notary: Ted J. Rice	13. Notary Commission expires ____ 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Rosina Hoffman Rosen	Date Issued: Oct. 24, 1953	Date Orig. Entry
Class* B	Date of Birth: July 10, 1889 / Birth Place: Paris, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: L. D. S. Church	Date Issued	Date Orig. Entry: June 5, 1898
Class B	Date of Birth: July 10, 1889 / Birth Place: Paris, Idaho	Full Name of Mother: Rosina Hoffman	Name of Father: Alfred Rosen	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Christian Tueller	Date Issued: Oct. 24, 1953	Date Orig. Entry
Class B	Date of Birth: July 10, 1899 / Birth Place: Paris, Idaho	Full Name of Mother: Rosina Hoffman Rosen	Name of Father: Alfred Rosen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Nov. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Number of Certificate

Registrar's Number

Local Registration District

Registration District

Primary Registration District

Sub-District

Registrar's District

Sub-District Number

Reg. Dist. No.

Year

Form 1

1. Place of Birth: County Ada; City or Town Boise; Ward; Street or Rural Route; House No.; Name of Hospital or Institution

2. Child's Name: Boise Baby

3. Sex: Male

4. Date of Birth: Day Nov. 1; Month; Year 1929

5. City or Town of Birth: Boise

6. Full Name of Father: [illegible]

7. Color or Race: White

8. Age: 32

9. Birthplace (State or Country): Idaho

10. Maiden Name of Mother: [illegible]

11. Color or Race: White

12. Age: 32

13. Birthplace (State or Country): Idaho

14. Maiden Name of Informant: [illegible]

15. Address of Informant: [illegible]

16. Date Filed: Nov. 9, 1929

17. Signature of Registrar: [illegible]

18. Date Delayed Certificate Filed: Oct. 24, 1933

19. Signature of Registrar: Beatrice Hoffman Kraus

20. Date Filed: Oct. 24, 1933

21. Signature of Registrar: Beatrice Hoffman Kraus

22. Date Filed: June 8, 1939

23. Signature of Registrar: L. E. Church

24. Date Filed: Oct. 24, 1933

25. Signature of Registrar: Christopher Tuellen

26. Date Filed: Nov. 9, 1929

27. Signature of Registrar: [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registration, and that diligent search, which substantiates the facts as set forth in the following statement, has been followed.

State Registrar

Evidence reviewed by

Date Filed: Nov. 9, 1933

79621 7.008- 462

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1025
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Eleanor Groves			2. Date of Birth (month) (day) (year): February 17 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise (Now Valley)	b. City or Town of Birth: near Van Wyck, Idaho
FATHER	6. Full Name of Father: George Groves			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Sarah Ellen Moser			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Eleanor Hunt		11. Present Address of Registrant: Riggins, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 17th 1953	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 7th 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Matilda Moser	Date Issued: Aug. 17th 1953	Date Orig. Entry
Class* B	Date of Birth: Feb. 17, 1889 / Birth Place: Boise County	Full Name of Mother: Sarah Ellen Moser	Name of Father: George Groves	
SUPPORTING RECORD 2.	Type of Document: Idaho Census Record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 10/28/53	Date Orig. Entry: Census of ~~June 1, 1900~~
Class B	Date of Birth: 11 yrs old Feb. 1889 / Birth Place: Idaho	Full Name of Mother: Sarah Groves	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: A. L. Freehafer, Teacher The Council Public School	Date Issued	Date Orig. Entry: 1903-1904
Class B	Date of Birth: 14 yrs old / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W.Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Nov.9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth Wm. Arthur Groves	2. Date of Birth (month) (day) (year) February 17 1889
3. Color or Race (a) Sex (b) White Male	4. Place of Birth (County) Boise (Nor Valley)
5. Full Name of Father Harry Groves	6. Birthplace of Father (City or Town of Birth) Fort Van Dyck, Idaho
7. Maiden Name of Mother Sarah Allen Moser	8. State or Country of Father's Birth Iowa
9. Birthplace of Mother (City or Town of Birth) Ashmeran	10. State or Country of Mother's Birth Ashmeran
11. Signature of Registrant Wm. Groves	12. Present Address of Registrant Nisqueka, Idaho
13. Signature of Witness Wm. Groves	14. Witness Complainant address Nisqueka, Idaho
15. Date of Registration (month) (day) (year) August 17th 1953	16. Fee $1.00

I hereby certify that the statements made above are true to the best of my knowledge and belief.

Subscribed and sworn to before me on August 17th 1953

Notary Public

Affidavit by Aunt Date of Birth, Place	Sarah Allen Moser Full Name of Mother	Date Filed (Month, Day, Year) Aug. 17th 1953
Certificate of Birth Date of Birth, Place Feb. 1889 Idaho	Sarah Allen Moser Full Name of Mother	George Groves Full Name of Father
Census Record of 1900 Date of Birth, Place Feb. 1889 Idaho	Bureau of the Census Full Name of Mother	Sarah Groves
School Record Date of Birth, Place 14 yrs old	The Council Public School Full Name of Mother	Wm. Groves

Date Issued 7/28/53	Date Reg. Entry 1953-1954
Name of Father	Name of Mother

Certificate of Birth
Date 1, 1900

Date Issued	Date Reg. Entry
Name of Father	Name of Mother

RELATIONS'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar W. A. Hanson	Evidence reviewed by John Hamilton	Date filed Nov. 27 1953

1961-01-075-985

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
NOV 16 1953
DIVISION OF VITAL STATISTICS

State File No. De53 1045
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jacob Moses Grostine			2. Date of Birth (month) February (day) 1st (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Lewiston a. County: Nez Perice	b. City or Town of Birth: Lewiston, Nez Perice, Idaho
FATHER	6. Full Name of Father: Louis Grostine			7. State or Country of Father's Birth: Buffalo, New York
MOTHER	8. Full Maiden Name of Mother: Clara Jane Rhett			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jacob Moses Grostine		11. Present Address of Registrant: 227 South Figueroa St. Los Angeles, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: February 25th, 1953	12. Signature of Notary: Hirtmae M. Berg		13. Notary Commission expires: January 30th 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Eunice V. Stafford	Date Issued:	Date Orig. Entry: March 7, 1953
Class* B	Date of Birth: Feb. 1, 1889 / Birth Place: Lewiston, Idaho	Full Name of Mother: Clara Jane Rhett	Name of Father: Louis Grostine	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Viola Rhett	Date Issued: Sept. 15, 1953	Date Orig. Entry:
Class B	Date of Birth: Feb. 1, 1889 / Birth Place: Lewiston, Idaho	Full Name of Mother: Clara Jane Rhett	Name of Father: Louis Grostine	
SUPPORTING RECORD 3.	Type of Document: School enrollment record	By whom issued and signed: Independent School Dist. No. 1 Leo E. Click, Asst. Supt.	Date Issued: 11/6/53	Date Orig. Entry: School Census of Jan. 1904
Class B	Date of Birth: 15 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	CLASS B. Also an affidavit by Uncle, E. W. Rhett, giving date of birth as February 1, 1889 and place of birth as Lewiston, Idaho			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton		Date Filed: Nov. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Nov 17 1952

693-14-023-234

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 24 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1087
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Barrett Williams			2. Date of Birth (month) July (day) 14 (year) 1889
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Thomas Barrett Williams			7. State or Country of Father's Birth: Columbus, Ohio
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Stutsman			9. State or Country of Mother's Birth: Blue Springs, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Charles B. Williams		11. Present Address of Registrant: 3805 E. Fremont St. Stockton, California
NOTARY (Seal)	Subscribed and sworn to before me on October 28, 1953	12. Signature of Notary: [illegible]		13. Notary Commission expires May 4, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Army Discharge	By whom issued and signed: United States Army	Date Issued: 1919 April 25	Date Orig. Entry: Enlisted on Sept. 18, 1917
Class* B	Date of Birth: 28 yrs, 2 mo.	Birth Place: Emmett, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: School record of age	By whom issued and signed: Emmett School Dist No. 9, Fred W. Anderson, Co. Supt.	Date Issued: 11/16/53	Date Orig. Entry: School Census Sept. 16, 1904
Class B	Date of Birth: 16 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Susan Williams	Date Issued: 10/29/53	Date Orig. Entry:
Class B	Date of Birth: July 14, 1889	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Dec. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

DEC 2 1959

1. Registrant's full name at birth: Charles Garrett Williams

2. Date of birth: July 11, 1899

3. Color or race: White

4. Sex: Male

5. Place of birth: Idaho, County: Ada

6. City or town of birth: Boise

7. Full name of father: Thomas Garrett Williams

8. State or country of father's birth: Indianapolis, Ohio

9. Full maiden name of mother: Mary Elizabeth Stutsman

10. State or country of mother's birth: Fine Springs, Nebraska

11. Present address of registrant: 2805 E. Fremont St., Stockton, California

12. Signature of registrant

13. Signature of informant

14. Notary commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

RECORD 1

Type of document: Army Discharge

By whom issued and signed: United States Army

Date issued: April 26, 1919

Date of birth: —

Birth place: Tenmile, Idaho

Full name of mother

Name of father

RECORD 2

Type of document: Edison Record of a

By whom issued and signed: Thomas A. Edison, Inc. Orange, N. J.

Date issued: Oct. 16, 1924

Date of birth: 1 yrs old

Birth place

Full name of mother

Name of father

RECORD 3

Type of document: Affidavit by Jesse

By whom issued and signed: Jesse Williams

Date issued: Dec 26, 1952

Date of birth: July 27, 1850

Birth place

Full name of mother

Name of father

Class B

Class 2

COMPUTING INFORMATION

Date orig. Entry

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Registrar: J. R. Folsom

Evidence reviewed by

Date filed: Dec. 2, 1953

753-215-006-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

NOV 5 1958

STATE OF IDAHO

State File No. De 54-39
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Heald Pelot		2. Date of Birth (month) November (day) 15 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Carlyle Llewellan Pelot		7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Alice Jane Buck		9. State or Country of Mother's Birth: Maine	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Pelot Johnson	11. Present Address of Registrant: 387 East 16th Street Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on Nov 7 1953	12. Signature of Notary: John Jane Bauer	13. Notary Commission expires: JOHN FERESAUER NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 9-1-54. 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License Affidavit	By whom issued and signed: Bonneville County Clerk & Recorder Harry Moore,	Date Issued: 10/28/53	Date Orig. Entry: License issued on ~~Sept. 7, 1912~~
Class* B	Date of Birth: 22 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics No. 97389	Date Issued: Filed on Dec. 30, 1921	Date Orig. Entry: Child born Dec. 19, 1921
Class B	Date of Birth: 32 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of	Date Orig. Entry: 1900
Class B	Date of Birth: Nov. 1889 10 yrs old	Birth Place: Idaho	Full Name of Mother: Alice J. Pelot	Name of Father: Cal L. Pelot
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Belden	Date Filed: 1-20-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

Registrar's Office File No.

Local Reg. No.

Reg. Dist. No.

INSTRUCTIONS

Person whose birth is being registered

1. Registered Full Name at Birth: Helen Hedis Hall
2. Date of Birth (month) November (day) 15 (year) 1900
3. Color or Race: White
4. Sex: Female
5. Place of Birth (County): Bingham County
6. City, or Town of Birth: Idaho Falls, Idaho
7. Full Name of Father: Charlie Llewellan Hall
8. State or Country of Father's Birth: Kentucky
9. Full Maiden Name of Mother: Alice Jane Bick
10. State or Country of Mother's Birth: Maine

ATTEST

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on _____ 19__

11. Signature of Registrar: Helen Hall
12. Signature of Notary: _____
13. Notary Commission expires: _____ 19__
14. Present address of Registrant: 307 East Ninth Street, Idaho Falls, Idaho

SUPPORTING RECORD 1

Class B

Type of Document: Marriage License Affidavit
Date of Issue: 10/28/25
Issued by: Bonneville County Clerk & Recorder, Terry Moore
Date Only, Entry: _____

Date of Birth: _____ Birth Place: _____
Full Name of Mother: _____
Name of Father: _____

SUPPORTING RECORD 2

Class B

Type of Document: Certificate of Death
Date Issued: Dec. 30, 1921
By whom issued and signed: _____
Date Only, Entry: Dec. 19, 1921

Date of Birth: _____ Birth Place: Idaho
Full Name of Mother: _____
Name of Father: _____

SUPPORTING RECORD 3

Class B

Type of Document: Certificate of Birth
Date Issued: _____
By whom issued and signed: _____
Date Only, Entry: _____

Date of Birth: Nov. 1899 Birth Place: _____
Full Name of Mother: _____
Name of Father: _____

CERTIFICATE OF VERIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts of birth in the following matters.

Signature of Registrar: _____
Evidence reviewed by: _____
Date Filed: 1-29-[illegible]

Class A records are those made and dated before the Registrant's fourth birthday.
Class B records are those made after the fourth birthday but before the fifth birthday.

299-213-004-271

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-53
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Rebecca Bird			2. Date of Birth (month) February (day) 13 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Dingle - Beerhole Idaho	b. City or Town of Birth: Dingle - Idaho
FATHER	6. Full Name of Father: William Henry Bird			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mary Anne Sparks			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Rebecca Bird		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 21, 1954	12. Signature of Notary: A. L. Noblitt		13. Notary Commission expires: June 5, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Nov. 13, 1898
Class* B	Date of Birth: Feb. 13, 1889 / Birth Place: Dingle, Idaho	Full Name of Mother: Mary A. Sparks	Name of Father: Wm. H. Bird	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Insurance Co.	Date Issued: Dec. 4, 1949	Date Orig. Entry:
Class B	Date of Birth: Feb. 13, 1889 / Birth Place: Dingle, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Temple Recommend	By whom issued and signed: L. D. S. Church	Date Issued: June 16, 1953	Date Orig. Entry:
Class B	Date of Birth: Feb. 13, 1889 / Birth Place: Dingle, Idaho	Full Name of Mother: Mary Anne Sparks	Name of Father: William Henry Bird	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Felder	Date Filed: 1-25-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

381-110-007-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 81
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OSCAR EDWARD THAMM		2. Date of Birth (month) June (day) 10 (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: Johann Joseph Thamm		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Albertina Brunkie		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar Edward Thamm	11. Present Address of Registrant: Wilder, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on December 29 1953	12. Signature of Notary: Maxine Gates	13. Notary Commission expires: My Commission Expires Nov. 9, 1954 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Baptismal Record	By whom issued and signed: Rev. T. A. Heeran, Rector Roman Cathelic Church	Date Issued: 10-13-53	Date Orig. Entry: 9-10-1889
	Date of Birth: 6-10-89 / Birth Place: Hailey, Idaho	Full Name of Mother: Albertina Bronke	Name of Father: John Tham	
SUPPORTING RECORD 2. Class B	Type of Document: Letter re application for Insurance #431937	By whom issued and signed: Bankers Life Company, by R. G. Stuart, Supv., Rec. Dept.	Date Issued: 1/11/54	Date Orig. Entry: Application on Dec. 23, 1918
	Date of Birth: June 10, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by older sister	By whom issued and signed: Ida C. Bannister	Date Issued: April 17, 1942	Date Orig. Entry:
	Date of Birth: June 10, 1889 / Birth Place: Hailey, Idaho	Full Name of Mother: Albertina Brunkie	Name of Father: Johann Joseph Thamm	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Feb. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Baptismal Record

Date of birth	Birth place	Full name of mother	Date issued	Date orig. entry
6-10-89	Hailey, Idaho	Albertina Fronko	10-13-53	9-10-1889

Name of father: John Fran

By whom issued and signed: Rev. T. A. Jeorgen, Rector, Roman Catholic Church

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Oscar Edward Thamm

5. Date of Birth of Child (Month, day, year) 6-10-1889

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Johann Joseph Thamm
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace unknown (City or town) Germany (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Albertina Brunkie
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Unknown (City or town) Germany (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Ida F. Bannister (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that Mrs. (First name) Eckert (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida F. Bannister — Signature
Hailey, Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942
(SEAL) O. J. Thamm, ~~Notary Public~~, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-17-1942 by Robert H. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-127-020-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-121
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Acel Powell			2. Date of Birth (month) (day) (year): Nov. 27 - 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rockybar Elmore	b. City or Town of Birth: Rockybar Idaho
FATHER	6. Full Name of Father: Robert Lee Powell			7. State or Country of Father's Birth: Idaho. Canyon-
MOTHER	8. Full Maiden Name of Mother: Mina Artielya-Scott-Powell			9. State or Country of Mother's Birth: Missouri-Saline-
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Acel Powell		11. Present Address of Registrant: P.O. Box 303 Caliente Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1954	12. Signature of Notary: Evan H. Edwards		13. Notary Commission expires: COMMISSION EXPIRES MAY 9, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Phyllis Lorene Powell Graham	Date Issued: 1-20-54	Date Orig. Entry:
Class* B	Date of Birth: Nov. 27, 1889 / Birth Place: Rocky Bar, Idaho	Full Name of Mother: Mina Powell	Name of Father: Robert Lee Powell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: Harry S. Powell	Date Issued: 1-25-54	Date Orig. Entry:
Class B	Date of Birth: Nov. 27, 1889 / Birth Place: Rockybar, Idaho	Full Name of Mother: Mina Powell	Name of Father: Robert Lee Powell	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family date book	Date Issued: entered in	Date Orig. Entry: 1945
Class B	Date of Birth: Nov. 27, 1889 / Birth Place: Rockybar, Idaho	Full Name of Mother: Mina A. Scott	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Eden	Date Filed: 2-15-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

869-125-016-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 17 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 133
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name: Emanuel Horn			2. Date Of Birth (month) January (day) 25 (year) 1889
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Cassia County Idaho	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: George Henry Horn			7. State or Country of Father's Birth: Crediton, Dover, England
MOTHER	8. Full Maiden Name of Mother: Mary Timpy Davidson			9. State or Country of Mother's Birth: Heber City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emanuel Horn		11. Present Address of Registrant: 1944 Pleasant Avenue Ceres, California
NOTARY (Seal)	Subscribed and sworn to before me on November 18, 1952	12. Signature of Notary: Carlos J. Badger		13. Notary Commission expires July 10, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1900	Date Orig. Entry
Class* B	Date of Birth: 11 yrs old Feb. 1889 / Birth Place: Idaho	Full Name of Mother: Mary T. and	Name of Father: George H. Horn	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: July 4, 1897
Class B	Date of Birth: Jan. 25, 1889, Sublett, Idaho / Birth Place:	Full Name of Mother: Mary F. Davidson	Name of Father: George Henry Horn	
SUPPORTING RECORD 3.	Type of Document: Bible record of birth	By whom issued and signed: Certificate of Notary, Carlos J. Badger, also examined Bible	Date Issued: Feb. 7, 1954	Date Orig. Entry: N
Class B	Date of Birth: Jan. 25, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Feb. 17, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 18 1954

469-221-007-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-143
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose ELLA Morgan			2. Date of Birth (month) (day) (year): MAY 21 1889
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Hailey Idaho	b. City or Town of Birth: Hailey Idaho
FATHER	6. Full Name of Father: Seth Benjamin Morgan			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Jane Deborah Shannon			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose Ella Wallace. ROSE ELLA WALLACE.		11. Present Address of Registrant: 1509 Eugene St. Hood River. Oregon.
NOTARY (Seal)	Subscribed and sworn to before me on: January 7 - 1954	12. Signature of Notary: H. Lawton Parker		13. Notary Commission expires: March 7 - 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Linnie Grothe	Date Issued: 6-3-53	Date Orig. Entry:
Class* B	Date of Birth: May 21, 1889 / Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Census	By whom issued and signed: Jackson County Schools Medford, Oregon	Date Issued: census of	Date Orig. Entry: Mch. 1899
Class B	Date of Birth: 9 yrs old / Birth Place:	Full Name of Mother:	Name of Father: Peter Fowler	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin	By whom issued and signed: Alta S. Healey	Date Issued: Feb. 8, 1954	Date Orig. Entry:
Class B	Date of Birth: May 21, 1889 / Birth Place: Hailey, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Feb. 22, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 1954

369-110-033-699

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED MAR 15 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-207
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy Blaine Corey		2. Date of Birth (month): August (day): 10 (year): 1889	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Independence
FATHER	6. Full Name of Father: Ira Newton Corey		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Maria Firth		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy Blaine Corey	11. Present Address of Registrant: 142 So. Corner Ave., Idaho Falls, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1954	12. Signature of Notary: Raymond C. Hill	13. Notary Commission expires: 5/1 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Wm. T. Ehmamn, Pastor Presbyterian Church	Date Issued: Baptized	Date Orig. Entry: Aug. 2, 1925
Class* B	Date of Birth: Aug. 10, 1889 / Birth Place: Thornton, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Bankers Life Company	Date Issued: Feb. 10, 1933	Date Orig. Entry
Class B	Date of Birth: Aug. 10, 1889 / Birth Place: Rexburg, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Elnora Williams	Date Issued	Date Orig. Entry
Class B	Date of Birth: Aug. 10, 1889 / Birth Place: Independence, Idaho	Full Name of Mother: Mary Maria Corey	Name of Father: Ira Newton Corey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeder	Date Filed: 3-18-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 16 1954

1. Name of child				2. Date of birth: August 10 1949
Roy Alvin Corey				
3. Sex: male	4. Place of birth: Idaho	Madison		City or town of birth: Independence
5. Color or race: White				7. State or Country of Father's birth: Utah
FATHER 6. Full name of father: Ira Newton Corey				9. State or Country of Mother's birth: Utah
MOTHER 8. Full maiden name of mother: Mary Korte Fitch				
AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrar		11. Present Address of Registrar: 142 So. Center Ave., Idaho Falls, Idaho.
Subscribed and sworn to before me on		12. Signature of Notary		13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date issued	Date filed, Entry
Certificate of Baptism	Mr. J. Johnson, Bishop, Tessu Ward Church	August 2, 1954	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

Type of Document	By whom issued and signed	Date issued	Date filed, Entry
Insurance Policy	Bankers Life Company	Feb. 10, 1953	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Aug. 10, 1949, Idaho Falls, Idaho	Mary Korte Corey	Ira Newton Corey	

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date issued	Date filed, Entry
Affidavit by Aunt	Lucy Williams		
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Aug. 10, 1949, Idaho Falls, Idaho	Mary Korte Corey	Ira Newton Corey	

SUPPORTING RECORD 3. Class B

Signature of Registrar: W. P. Morrison	Evidence Followed by	Date Filed: 3-15-54

*Class A Records are those made prior to or within the 8 months after the birth of a child.
Class B Records are those made after the eighth month but not later than one year.

236-115-004-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 31 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 245
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bryant Ephriam Stock			2. Date of Birth (month) (day) (year): December, 15, 1889
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Fish Haven
FATHER	6. Full Name of Father: Ephriam Stock			7. State or Country of Father's Birth: Salt Lake City, Utah.
MOTHER	8. Full Maiden Name of Mother: Susanna Nelson			9. State or Country of Mother's Birth: Salt Lake City, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: B E Stock		11. Present Address of Registrant: Ellensburg, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1954	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 14 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 1/5/53	Date Orig. Entry: Blessed on ~~Feb. 6, 1890~~
Class* A	Date of Birth: Dec. 15, 1889 / Birth Place: Fish Haven, Idaho	Full Name of Mother: Susanna Nelson	Name of Father: Ephraim Stock	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: 1/5/53	Date Orig. Entry: Baptized on ~~June 25, 1898~~
Class B	Date of Birth: Dec. 15, 1889 / Birth Place: Fish Haven, Idaho	Full Name of Mother: Susanna Nelson	Name of Father: Ephraim Stock	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: 12/28/53	Date Orig. Entry: Census of ~~June 1, 1900~~
Class B	Date of Birth: 10 yrs old Dec. 1889 / Birth Place: Idaho	Full Name of Mother: Sussanah Stock	Name of Father: Ephraim Stock	

QUALIFYING INFORMATION

CLASS B. Affidavit by older Sister, Idaho Susanna Stock, giving birthdate as December 15, 1889 and place of birth as Fish Haven, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Mar. 31, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 30 1954

MAR 31 1954

Type of Document Certificate of Baptism			
Date of Birth Birth Place Dec. 16, 1889 Fish Haven, Idaho	Full Name of Father Susanna Bateson		
Type of Document Census Record			
Date of Birth 10 yrs old Jan. 1898	Birth Place Idaho	Full Name of Father Susanna Stock	

Clara B. Affidavit by older sister, Idaho Susanna Stock, giving birthdate as December 16, 1889 and place of birth as Fish Haven, Idaho.

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Name of Registrar W. W. Hodson	Name reviewed by Rene Hamilton	Date Filed Mar. 31, 1954

431-216-020-251

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-260
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Elsada McAnulty.			2. Date of Birth (month) August (day) 16 (year) 1889.
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cold Springs, Ida. Elmore.	b. City or Town of Birth: Post office, Glenns Ferry Idaho.
FATHER	6. Full Name of Father: Samuel Alva McAnulty.			7. State or Country of Father's Birth: Camp Point, Ill. Adams Co.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Mary Jane Sears.			9. State or Country of Mother's Birth: Hartford Conn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel E. Tate		11. Present Address of Registrant: Glenns Ferry Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 22nd 1954	12. Signature of Notary: Geo. F. Robinson		13. Notary Commission expires: Feb 14 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit		By whom issued and signed: Ernest Eicholz, neighbor	Date Issued: 3/24/1954	Date Orig. Entry
Class* B	Date of Birth: 8/16/1889	Birth Place: Near Glenns Ferry,	Full Name of Mother: Idaho	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit		By whom issued and signed: Mrs. Anna McGrath, neighbor	Date Issued: 3/22/1954	Date Orig. Entry
Class B	Date of Birth: 8/16/1889	Birth Place: Near Glenns Ferry,	Full Name of Mother: Idaho	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Application for Membership		By whom issued and signed: Elmore County Benevolent Soc.	Date Issued: Aug. 1936	Date Orig. Entry: Aug. 1936
Class B	Date of Birth: 47 years	Birth Place: of age at time of	Full Name of Mother: this application	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as [illegible] in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Opal Peterson		Date Filed: April 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Place of birth: Twin Falls County
2. Date of birth: August 6 1931
3. Sex: Male
4. Name of child: William Thomas Hartung Adams
5. Name of father: William Thomas Hartung Adams
6. Maiden name of mother: Elizabeth Vera Smith
7. Color or race: White
8. Age of father: 34
9. Age of mother: 31
10. Place of birth of father: Kansas
11. Place of birth of mother: Idaho
12. Occupation of father: Farmer
13. Occupation of mother: Housewife
14. Place of residence: Twin Falls County, Idaho
15. Date of marriage: Aug. 1930
16. Place of marriage: Twin Falls County, Idaho
17. Number of previous children: 1
18. Number of children now living: 1
19. Name of attendant: Hartung Adams
20. Type of attendant: Mother
21. Date of attendance: Aug. 1930
22. Signature of attendant: Hartung Adams
23. Address of attendant: Twin Falls County, Idaho
24. Date of this certificate: April 3, 1950

418-106-001-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 5 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-3073
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Arthur Mayne			2. Date of Birth (month) Feb (day) 6th (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise Idaho Ada	b. City or Town of Birth: ~~Wales~~ Boise
~~FATHER~~ Mother	6. Full Name of ~~Father~~ Mother: Jessie King McMillan			7. State or Country of Father's Birth: Scotland
~~MOTHER~~ Father	8. Full Maiden Name of ~~Mother~~ Father: Joseph Mayne			9. State or Country of Mother's Birth: Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Mayne		11. Present Address of Registrant: 5244 North Thorn St San Diego Calif
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1954	12. Signature of Notary: Raymond DeBurn		13. Notary Commission expires: Apr 14 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Dec. 11, 1918	Date Orig. Entry
Class* B	Date of Birth: 29 yrs old / Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: Thomas McMillan	Date Issued: Mch 3, 1953	Date Orig. Entry
Class B	Date of Birth: Feb. 6, 1889 / Birth Place: Boise, Idaho	Full Name of Mother: Jessie King Wayne	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Stella Ward	Date Issued: April 14, 1954	Date Orig. Entry
Class B	Date of Birth: Feb. 6, 1889 / Birth Place: Boise, Idaho	Full Name of Mother: Jessie King Mayne	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Apr. 16, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

819-222-038-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

FEB 10 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 310
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Sadie Myrtle Harrington			**2. Date of Birth** (month) August (day) 22 (year) 1889
	3. Color or Race White	**4. Sex** F	**5. Place of Birth** a. County Payette, Payette, Idaho	b. City or Town of Birth Payette
FATHER	**6. Full Name of Father** Lewis Clark Harrington			**7. State or Country of Father's Birth** Wyondotte, Kansas
MOTHER	**8. Full Maiden Name of Mother** Sarah Elizabeth Halford			**9. State or Country of Mother's Birth** Peoria, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		**10. Signature of Registrant** Sadie M. Gillespie	**11. Present Address of Registrant** Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on March 7 1953		**12. Signature of Notary** Kathleen McTaft	**13. Notary Commission expires** March 4 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Lewis Harrington	Date Issued: 3-13-53	Date Orig. Entry:
Class* B	Date of Birth: Aug. 22, 1889 / Birth Place: Payette, Idaho	Full Name of Mother: Sarah Elizabeth Halford	Name of Father: Lewis Clark Harrington	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: John Montgomery	Date Issued: Jan. 11, 1954	Date Orig. Entry:
Class B	Date of Birth: Aug. 22, 1889 / Birth Place: Payette, Idaho	Full Name of Mother: Sarah Elizabeth Halford Harrington	Name of Father: Lewis Clark Harrington	
SUPPORTING RECORD 3.	Type of Document: Census Record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 3/26/54	Date Orig. Entry: Census of June 1, 1900
Class B	Date of Birth: Aug. 1899 10 yrs old / Birth Place: Idaho	Full Name of Mother: Sadie Harrington	Name of Father: Lewis C. Harrington	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: April 19, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

254-208-016-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED MAY 13 1954 Division of Vital Statistics

State File No. De54-440
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Kemsley		2. Date of Birth (month) April (day) 8 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sublett b. City or Town of Birth: Sublett Idaho
FATHER	6. Full Name of Father: Jesse Reuben Kemsley		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Eliza King		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Kemsley Fackrell	11. Present Address of Registrant: 2620 Redondo Blvd Redondo, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on May 10th 1954	12. Signature of Notary: Wilma H. Hughes	13. Notary Commission expires: My Commission Expires March 11, 1957 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Midwife	By whom issued and signed: Persis Horn	Date Issued: April 26, 1952	Date Orig. Entry
Class* A	Date of Birth: April 8, 1889 / Birth Place: Sublett, Idaho	Full Name of Mother: Eliza King Kemsley	Name of Father: Jesse Reuben Kemsley	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: prior to	Date Orig. Entry: 1905
Class B	Date of Birth: Apr. 8, 1889 / Birth Place: Sublett, Idaho	Full Name of Mother: Eliza King	Name of Father: Jesse Kemsley	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Ebeler	Date Filed: May 27, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 exp

Form DPH 49067

359-104-036-884

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 26 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De54-474~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Present Name at Birth: Joseph Leigh			2. Date of Birth (month) April (day) 4 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Malad, Idaho Oneida	b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: Joseph Leigh			7. State or Country of Father's Birth: Brigham City, Utah
MOTHER	8. Full Maiden Name of Mother: Mary B. Hyde			9. State or Country of Mother's Birth: Forth Bridger, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Leigh		11. Present Address of Registrant: ~~481-31 27-~~ Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1954	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jany 15, 1955 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics ~~Boise, Idaho #27439~~	Date Issued: Oct. 2, 1914	Date Orig. Entry
Class* B	Date of Birth: 25 yrs old / Birth Place: Malad, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Anna Briggs	Date Issued: May 1, 1954	Date Orig. Entry
Class B	Date of Birth: Apr. 4, 1889 / Birth Place: Malad, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend	By whom issued and signed: Dora Jones	Date Issued: May 1, 1954	Date Orig. Entry
Class B	Date of Birth: Apr. 4, 1889, / Birth Place: Malad, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	June 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

793-104-023-225

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 564
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Whitney Gillett		2. Date of Birth (month) November (day) 4 (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Ola, Idaho
FATHER	6. Full Name of Father: Charles R. Gillett		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Annie M. Skene		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D. W. Gillett	11. Present Address of Registrant: Box 761 Yuba City, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1954	12. Signature of Notary: Mabel F. Geldner	13. Notary Commission expires: May 7 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Birth Record (Bible)	By whom issued and signed: Charles R. Gillett, Father	Date Issued:	Date Orig. Entry: 11/6/1889
Class* A	Date of Birth: 11/4/1889 / Birth Place: Ola, Idaho	Full Name of Mother: Annie M. Skene	Name of Father: Charles R. Gillett	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Robert W. Burgess, Director Bureau of Census	Date Issued: 7/16/1954	Date Orig. Entry: 1900
Class B	Date of Birth: Nov. 1889 / Birth Place: Idaho	Full Name of Mother: Anna M. Gillett	Name of Father: Charles R. Gillett	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Opal Peterson	Date Filed: July 2, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____ Dept. File

Local Reg. No. _____

Reg. Dist. No. _____

Department of Public Health
Division of Vital Statistics
Boise, Idaho

PERSONAL

1. Registrant's full name at birth: [redacted]
2. Date of birth (month) (day) (year): November
3. Color or race: White
4. Sex: [redacted]
5. Place of birth (county): [redacted]
6. City or town of birth: Boise, Idaho

FATHER

7. Full name: [redacted]
8. State or Country of father's birth: Michigan

MOTHER

9. Maiden name of mother: [redacted]
10. State or Country of mother's birth: Illinois

AFFIDAVIT

I hereby declare to the best of my knowledge and belief that the above statements are true to the best of my knowledge and belief.

11. Present address of applicant: [redacted]
12. Signature of applicant: [redacted]

NOTARY (Sworn and subscribed before me this _____ day of _____, 19_____)

13. Signature of Notary: [redacted]
14. Notary Commission expires: _____ 19_____

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of document: [redacted]
Date of birth: [redacted]
Birth place: [redacted]
Full name of mother: [redacted]
By whom issued and signed: [redacted]
Date issued: [redacted]
Date filed, entry: [redacted]
Name of father: [redacted]

SUPPORTING RECORD 2.

Type of document: [redacted]
Date of birth: Nov. 1922
Birth place: Idaho
Full name of mother: [redacted]
By whom issued and signed: [redacted]
Date issued: [redacted]
Date filed, entry: [redacted]
Name of father: [redacted]

SUPPORTING RECORD 3.

Type of document: _____
Date of birth: _____
Birth place: _____
Full name of mother: _____
By whom issued and signed: _____
Date issued: _____
Date filed, entry: _____
Name of father: _____

QUALIFYING INFORMATION

AFFIDAVIT OF REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar: [redacted]
Evidence reviewed by: [redacted]
Date filed: [redacted]

*Place a checkmark in these boxes and date below the registrant's foreign birthplace.
Place a checkmark in these boxes after the foreign birthplace but prior to Idaho's entry.

Form 1-1-1-1

296-127-022-339

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 27 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-637
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Brown		2. Date of Birth (month) (day) (year): October 27 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Chester, Idaho
FATHER	6. Full Name of Father: Thomas J. Brown		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lavina Henrietta Clifford		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Brown	11. Present Address of Registrant: Box 344 Rexburg Idaho
NOTARY (Seal) 8-7-54	Subscribed and sworn to before me on October 3 19 53	12. Signature of Notary: E. R. Burell	13. Notary Commission expires: 8-7-54 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Ward Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: May 5, 1898
Class* B	Date of Birth: Oct. 27,	Birth Place: 1889, Chester, Idaho	Full Name of Mother: Lavina H. Clifford	Name of Father: Thomas J. Brown
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Banker's Life Company	Date Issued: Dec. 31,	Date Orig. Entry: 1927
Class B	Date of Birth: Oct. 27,	Birth Place: 1889, Chester, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics, Boise, Idaho	Date Issued:	Date Orig. Entry: May 30, 1931
Class B	Date of Birth: 41 yrs old	Birth Place: Chester, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel B. Felton	Date Filed: July 27, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 27 1971

JUL 27 1964

2. Date of birth (month) October (day) 27 (year) 1889

3. City or town of birth Oneida, Idaho

4. Sex Male

5. Color or race

6. Full name of father

7. Place of birth

8. Maiden name of Mother

9. State or country of father's birth

10. State or country of mother's birth

11. Signature of Registrant

12. Signature of Notary

13. Notary Commission expires

14. Present address of Registrant

DO NOT WRITE BELOW THIS LINE

Date filed

Date issued

Date corr. Entry

Name of Father

Full Name of Mother

Date of birth Birth place

Type of Document

Date issued

Date corr. Entry

Name of Father

Full Name of Mother

Date of birth Birth place

Type of Document

Date issued

Date corr. Entry

Name of Father

Full Name of Mother

Date of birth Birth place

Type of Document

Date filed

Evidence required

Signature of Registrar

293-215-007-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 7 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 661
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norean Elnora Kitchens			2. Date of Birth (month) (day) (year): November 15, 1889
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bellevue, Blaine Co.	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Harvey Kitchens			7. State or Country of Father's Birth: Georgia
MOTHER	8. Full Maiden Name of Mother: Sarah M. Barnes			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norean Elnora Blaker		11. Present Address of Registrant: 410 G Street, Modesto California
NOTARY (Seal)	Subscribed and sworn to before me on: August 5th 19 54	12. Signature of Notary: Lucille B. Wisidus		13. Notary Commission expires: Feby. 13 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older brother	By whom issued and signed: Elz M. Kitchens	Date Issued: Feb. 23, 1954	Date Orig. Entry
Class* B	Date of Birth: Nov. 15, 1889 / Birth Place: Bellevue, Idaho	Full Name of Mother: Sarah M. Barnes	Name of Father: Harvey Kitchens	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: County Recorder, San Joaquin County State of California	Date Issued: 10/29/54	Date Orig. Entry: License issued on Oct. 19, 1918
Class B	Date of Birth: 28 yrs old / Birth Place: Idaho	Full Name of Mother: Malinda Barnes	Name of Father: Harvey Kitchens	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate 4401	By whom issued and signed: City Clerk's office at Santa Cruz, California	Date Issued: Filed on 10/30/14	Date Orig. Entry: Child born on Oct. 30, 1914
Class B	Date of Birth: 25 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Aug. 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 9 1954

623-13-029-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 720
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RICHARD SANFRED OSTERBERG			2. Date of Birth (month) July (day) 13 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: (Rural) Troy, Latah	b. City or Town of Birth: (Rural) Troy
FATHER	6. Full Name of Father: John Frederick Osterberg			7. State or Country of Father's Birth: Gothenberg, Sweden
MOTHER	8. Full Maiden Name of Mother: Selma Albertina Anderson			9. State or Country of Mother's Birth: Gothenberg, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Sanford Osterberg		11. Present Address of Registrant: Priest River, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on May 18 1954	12. Signature of Notary: Richard Sanford Osterberg; Gilbert W. Hughes, Notary Public		13. Notary Commission expires: November 7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: The United States Army	Date Issued: 8-11-54	Date Orig. Entry: Enlisted on June 30, 1918
Class* B	Date of Birth: 29 yrs old	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Account No. Application for Social Security	By whom issued and signed: U.S.Social Security Act.	Date Issued:	Date Orig. Entry: Jan 4, 1937
Class B	Date of Birth: July 13, 1889	Birth Place: Troy, Idaho	Full Name of Mother: Selma Albertine Johnson	Name of Father: John Frederick Osterberg
SUPPORTING RECORD 3.	Type of Document: Selective Service record	By whom issued and signed: State Headquarters for Selective Service	Date Issued: 8/9/54	Date Orig. Entry: Registered on April 27, 1942
Class B	Date of Birth: July 13, 1889	Birth Place: Troy, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

CLASS B. Affidavit by older Brother, John A. Osterberg, giving birth date as July 13, 1889 and place of birth as troy, Idaho; Mother Selma Albertina Anderson Father John Frederick Osterberg.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 31 1966

259-206-038-385

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 749
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Lee Berryhill		2. Date of Birth (month) October (day) 6 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: James K. P. Berryhill		7. State or Country of Father's Birth: Alabama	
MOTHER	8. Full Maiden Name of Mother: Mary Susan Lynn		9. State or Country of Mother's Birth: Texas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Lee Berryhill (Mrs) Mrs R M Hensley	11. Present Address of Registrant: Route 2 Olustee, Oklahoma	
NOTARY (Seal)	Subscribed and sworn to before me on: August 18th 1954	12. Signature of Notary: Cecil Warren	13. Notary Commission expires: April 12th 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older sister	By whom issued and signed: Myrtle May Martin	Date Issued: Aug. 16, 1954	Date Orig. Entry
Class* B	Date of Birth: Oct. 6, 1889 / Birth Place: Payette, Idaho	Full Name of Mother: Mary Susan Lynn	Name of Father: James K. P. Berryhill	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Territory of Oklahoma Probate Court W. H. Hussey, Judge, Greer Co.	Date Issued: License issued Jan. 3, 1907	Date Orig. Entry
Class B	Date of Birth: 17 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Census record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 8/30/54	Date Orig. Entry: Census of June 1, 1900
Class B	Date of Birth: 10 yrs old 1889 / Birth Place: Idaho	Full Name of Mother: Mary S. Berryhill	Name of Father: James P. Berryhill	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Class B

Supporting Records 3.

Type of Document: Affidavit by older sister

Date of Birth: Oct. 6, 1889 Place of Birth: Idaho

Full Name of Mother: Myrtle May Martin

Date Filed: Aug. 16, 1938

Name of Father: James A. McCarvill

Class B

Supporting Records 3.

Type of Document: Marriage License

Date of Birth: 17 yrs old Place of Birth:

Full Name of Mother: W. H. Massey, Judge, Oregon

Date Issued: Jan. 3, 1907

Name of Father: James F. McCarvill

Class B

Supporting Records 3.

Type of Document: Census record of 1900

Date of Birth: 10 yrs old 1889 Place of Birth:

Full Name of Mother: Ellen

Date Issued and Signed:

Name of Father:

Additional Information

Recording Certificate: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts set forth in the supporting affidavit.

Date of Registrar: Sept. 8, 1938

Name of Registrar: W. H. Jackson

Date Filed: Sept. 8, 1938

282714-021-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 774
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Absalom Bybee		2. Date of Birth (month) (day) (year): Aug. 14 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Farview Idaho
FATHER	6. Full Name of Father: Absalom Atkinson Bybee		7. State or Country of Father's Birth: Ogden, Utah 1856
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hall		9. State or Country of Mother's Birth: St. George Utah in 1867
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Absalom Bybee	11. Present Address of Registrant: Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 26th Day of July 1954	12. Signature of Notary: W Pearson	13. Notary Commission expires: March 3 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary Elizabeth Bybee	Date Issued: September 30, 1952	Date Orig. Entry
Class* B	Date of Birth: Aug. 14, 1889	Birth Place: Fairview, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Letter re application for insurance	By whom issued and signed: Gem State Mutual Associations H. Ralph Stephenson, Sec.	Date Issued: 9/8/54	Date Orig. Entry: Application on Jan. ~~14, 1944~~
Class B	Date of Birth: Aug. 14, 1889	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Employment	By whom issued and signed: The Amalgamated Sugar Company Otis Orchardard, Cashier	Date Issued: 8/30/54	Date Orig. Entry: Employed since 1942
Class B	Date of Birth: Aug. 14, 1889	Birth Place: Fairview, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 24 1955

864-220-022-193

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 781
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAN-CUNVETTE-YOUNG			2. Date of Birth (month) APRIL (day) 20 (year) 1889
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: LYMAN-FREMONT	b. City or Town of Birth: IDAHO
FATHER	6. Full Name of Father: WILLIAM-JOHN-YOUNG			7. State or Country of Father's Birth: ISLAND-OF-GUERNSEY-ENGLAND
MOTHER	8. Full Maiden Name of Mother: ZELPHA-REBECCA-ARCHER			9. State or Country of Mother's Birth: BENSON-OXFORSHIRE-ENGLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:		11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Sept. 16 1954	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: 4-3-1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: 7/9/54	Date Orig. Entry: Baptized on ~~June 6, 1897~~
Class* B	Date of Birth: April 20, 1889 / Birth Place: Lyman, Idaho	Full Name of Mother: Zelpha E. Archer	Name of Father: William J. Young	
SUPPORTING RECORD 2.	Type of Document: Family record of births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Apr. 20, 1889
Class A	Date of Birth: April 20, 1889 / Birth Place: Lyman, Idaho	Full Name of Mother: Zelpha Rebecca Archer	Name of Father: William John Young	
SUPPORTING RECORD 3.	Type of Document: School enrollment record	By whom issued and signed: Fremont County Joint School Dist. A-215	Date Issued: 8/23/54	Date Orig. Entry: Sept. 1905
Class B	Date of Birth: 16 yrs old / Birth Place:	Full Name of Mother: Mrs. Zelpha Young	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 20, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 20 1954

249-216-022-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 795
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Estell Smith		2. Date of Birth (month) Sept. (day) 16 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Wiflord, Freemont, Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Jesse Lucius Smith		7. State or Country of Father's Birth: Farmington, Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Helen Walker		9. State or Country of Mother's Birth: Florence Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Estelle Smith	11. Present Address of Registrant: 3410 S.E. Hawthorne Blvd. Portland, Oregon.	
NOTARY (Seal)	Subscribed and sworn to before me on May 5th 19 54	12. Signature of Notary: Lawrence [illegible]	13. Notary Commission expires May 9th 19 54	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of Family Births	By whom issued and signed: Salt LakeCity, Utah L. D. S. Church	Date Issued: September 16, 1889	Date Orig. Entry
Class* A	Date of Birth: 9-16-1889 / Birth Place: Wilford, Idaho	Full Name of Mother: Sarah Helen Walker	Name of Father: Jesse Lucius Smith	
SUPPORTING RECORD 2.	Type of Document: Affidavit by older sister	By whom issued and signed: Amanda L. Cook	Date Issued: September 23, 1954	Date Orig. Entry
Class B	Date of Birth: 9-16-1889 / Birth Place: Wilford, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Pat Shields	Date Filed: Sept. 27, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 25 1934

Female Twin Smith

Sept. 16 1889

Female Fraternal Hospital, Freemont, Idaho

Jesse Louisa Smith

Sarah Helen Walker

Washington, Utah

Florence Nebraska

May 9th 1934

269220-004-397

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 809
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Rosalie Sorensen		2. Date of Birth (month) Oct. (day) 20 (year) 1889	
	3. Color or Race: W	4. Sex: f	5. Place of Birth a. County: Georgetown Bear Lake	b. City or Town of Birth: Georgetown, Idaho
FATHER	6. Full Name of Father: Christian Sorensen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Alice Rosalia Tippetts		9. State or Country of Mother's Birth: Perry, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta R Sluguit	11. Present Address of Registrant: Paris, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 27, 1954	12. Signature of Notary: Sam C. Clark [illegible] DISTRICT COURT	13. Notary Commission expires: Jan 1955.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record of Births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Oct. 20, 1889
Class* A	Date of Birth: Oct. 20, 1889	Birth Place: Georgetown, Idaho	Full Name of Mother: Alice Rosalia Tippets	Name of Father: Christian Sorensen
SUPPORTING RECORD 2.	Type of Document: Affidavit by older sister	By whom issued and signed: Alice Jeanette Sorensen Pecora	Date Issued:	Date Orig. Entry: Sept. 29, 1954
Class B	Date of Birth: Oct. 20, 1889	Birth Place: Georgetown, Idaho	Full Name of Mother: Alice Rosalia Tippets	Name of Father: Christian Sorensen
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Pat Shields	Date Filed: Sept. 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 30 1954

236101-017-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 810
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARL BROWN STODDARD		2. Date of Birth (month) APRIL (day) 1, (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Clark	b. City or Town of Birth: Beaver Canyon
FATHER	6. Full Name of Father: DAVID WILLIAMSON STODDARD		7. State or Country of Father's Birth: CEDAR CITY, UTAH	
MOTHER	8. Full Maiden Name of Mother: SARAH JANE BROWN		9. State or Country of Mother's Birth: NEBRASKA CITY, NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl B Stoddard	11. Present Address of Registrant: Lewiston, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 30th 1954	12. Signature of Notary: W W Benson	13. Notary Commission expires: July 31 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed:	Date Issued: April 1,1889	Date Orig. Entry: April 1,1889
Class* A	Date of Birth: April 1, 1889	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church Alma B. Smith, Clerk	Date Issued: May 1, 1897	Date Orig. Entry: May 1, 1897
Class B	Date of Birth: April 1, 1889	Birth Place: Idaho Beaver Canyon,	Full Name of Mother: Sarah Brown	Name of Father: David Stoddard
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Jan 24,1921	Date Orig. Entry: Jan 24, 1921
Class B	Date of Birth: April 1, 1889	Birth Place: Beaver Canyon Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: 9-30-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 30 1954

REGISTRAR

(Person where birth is being registered)

1. Registrant's Full Name at Birth: OTTO BROWN STOCKARD

2. Date of Birth (month, day, year): APRIL 1, 1889

3. Color or Race: White

4. Sex: MALE

5. Place of Birth: County: BLAINE

6. City or Town of Birth: DENVER COLORADO

FATHER

7. Full Name of Father: [illegible]

8. State or Country of Father's Birth: SALT LAKE CITY, UTAH

MOTHER

9. Full Maiden Name of Mother: [illegible]

10. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

Subscribed and sworn to before me on [illegible] 19 [illegible]

11. Signature of Registrant: [illegible]

12. Signature of Notary: [illegible]

13. Notary Commission expires: [illegible] 19 [illegible]

14. Present Address of Registrant: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

RECORD

Type of Document: Family Bible Record

Date of Birth: April 1, 1889

Birth Place: [illegible]

By whom issued and signed: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: April 1, 1889

Date Orig. Entry: April 1, 1889

RECORD 2

Type of Document: Certificate of Baptism and Confirmation

Date of Birth: April 1, 1889

Birth Place: Denver, Colorado

By whom issued and signed: [illegible]

Full Name of Mother: Sarah Brown

Name of Father: David Stockard

Date Issued: May 1, 1897

Date Orig. Entry: May 1, 1897

RECORD 3

Type of Document: Life Insurance Policy

Date of Birth: April 1, 1889

Birth Place: [illegible]

By whom issued and signed: Northwestern Life Ins. Co.

Full Name of Mother: [illegible]

Name of Father: [illegible]

Date Issued: Jan 21, 1921

Date Orig. Entry: Jan 21, 1921

DUPLICATE INFORMATION

Class A

Class B

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: [illegible]

Evidence reviewed by: Joyce A. [illegible]

Date Filed: 2-20-50

*Class A denotes those made and date indicates the registrant's own birthday.
Class B denotes those made after the month birthday but are at least a year old.

745-21-029-967

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 812
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara May Green		2. Date of Birth (month) 10 (day) 11 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Genesee Idaho Latah Co	b. City or Town of Birth: Near Genesee Idaho
FATHER	6. Full Name of Father: Joseph M Green		7. State or Country of Father's Birth: Chillicothe Ohio	
MOTHER	8. Full Maiden Name of Mother: Alice Viona Rogers		9. State or Country of Mother's Birth: Pueblo Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara May Tonning	11. Present Address of Registrant: 4 Avenue Apartments 10	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 1 1954	12. Signature of Notary: William J. Jones	13. Notary Commission expires: May 10 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by an Aunt	By whom issued and signed: Ada McGonigle	Date Issued: July 29, 1954	Date Orig. Entry:
Class* B	Date of Birth: Oct. 11, 1889 / Birth Place: Genesee, Idaho	Full Name of Mother: Alive V. Rogers Green	Name of Father: Joseph Green	
SUPPORTING RECORD 2.	Type of Document: Census record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 0/15/54	Date Orig. Entry: Census of June 1, 1900
Class B	Date of Birth: 10 yrs old Oct. 1889 / Birth Place: Idaho	Full Name of Mother: Alice V. Green	Name of Father: Joseph M. Green	
SUPPORTING RECORD 3.	Type of Document: Membership record	By whom issued and signed: Victory Rebekah Lodge No. 77 Midvale, Idaho	Date Issued: 9/1/54	Date Orig. Entry: Membership dated Aug. 2, 1919
Class B	Date of Birth: 29 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: October 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 1 1954

432-226-022-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 813
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Barbara Jane McKinley			2. Date of Birth (month) September (day) 26 (year) 1889
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: James Johnson McKinley			7. State or Country of Father's Birth: Fife Scotland
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Willey			9. State or Country of Mother's Birth: Menton Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barbara Jane McKinley		11. Present Address of Registrant: 204 Garden St., Renton Wn.
NOTARY (Seal)	Subscribed and sworn to before me on September 2nd 19 54	12. Signature of Notary: Clerk of District Court		13. Notary Commission expires: ~~Elective~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Membership record	By whom issued and signed: Columbine Rebekah Lodge No. 117, I.O.O.F. Renton, Wash.	Date Issued: 3/18/54	Date Orig. Entry: June 19, 1923
Class* B	Date of Birth: 33 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Family record of births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Sept. 26, 1889
Class A	Date of Birth: Sept. 26, 1889	Birth Place: Teton, Idaho	Full Name of Mother: Sarah Willey	Name of Father: James McKinley
SUPPORTING RECORD 3.	Type of Document: Affidavit by an Uncle	By whom issued and signed: John A. Willey	Date Issued: September	Date Orig. Entry: 2, 1954
Class B	Date of Birth: Sept 26, 1889	Birth Place: Teton, Idaho	Full Name of Mother: Sarah Ann Willey	Name of Father: James Johnson Mc Kinley
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy sent 3/16/55

Form DPH 49067

OCT 1 1954

491.668.026-891

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 826
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oscar Burton Drake		2. Date of Birth (month) May (day) 18 (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Annis Precinct
FATHER	6. Full Name of Father: Orson Perry Drake		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Annie Holm Drake		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar Burton Drake	11. Present Address of Registrant: Menan, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on September 29th 19 54	12. Signature of Notary: K. J. Henningsen	13. Notary Commission expires January 22 19 58	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record of 1900	By whom issued and signed: Bureau of the Census	Date Issued: 8/12/54	Date Orig. Entry: Census of ~~June 1, 1900~~
Class* B	Date of Birth: 11 yrs old May 1889 / Birth Place: Idaho	Full Name of Mother: Annie Drake	Name of Father: Orson P. Drake	
SUPPORTING RECORD 2.	Type of Document: Letter re Application for Insurance	By whom issued and signed: Mutual Benefit Health & Accident	Date Issued: 7/14/54	Date Orig. Entry: March 18, 1946
Class B	Date of Birth: May 18, 1889 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative	By whom issued and signed: Erastus Walker	Date Issued: September 24, 1954	Date Orig. Entry:
Class B	Date of Birth: May 18, 1889 / Birth Place: Jefferson County Annis Precinct	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 6, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

DO NOT WRITE ABOVE THIS LINE

1. Place of birth
2. Date of birth
3. Sex
4. Full name of child
5. Full name of father
6. Full maiden name of mother
7. State or country of father's birth
8. State or country of mother's birth
9. Color or race of father
10. Color or race of mother
11. Age of father
12. Age of mother
13. Place of residence
14. Occupation of father
15. Occupation of mother
16. Number of previous children
17. Number of previous children living
18. Number of previous children dead
19. Date of last previous child
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433-227-003-849

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 844
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ADDIE ELIZABETH McCLELLAN			2. Date of Birth (month) Sept (day) 27 (year) 1889
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: SWAN LAKE BANNOCK	b. City or Town of Birth: SWAN LAKE IDAHO
FATHER	6. Full Name of Father: WASHINGTON McCLELLAN			7. State or Country of Father's Birth: ENGLAND - BRADFORD
MOTHER	8. Full Maiden Name of Mother: SARAH MELVENA QUIGLEY			9. State or Country of Mother's Birth: CLARKSTON - UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Addie E Blasen		11. Present Address of Registrant: 3001 - Stewart
NOTARY (Seal)	Subscribed and sworn to before me on: 13th of October 1954	12. Signature of Notary: W W Benson		13. Notary Commission expires: July 31, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Child's Birth	By whom issued and signed: State of Idaho Bureau of Vital Statistics	Date Issued: Filed 1/7/26	Date Orig. Entry: Was born 12/31/25
Class* B	Date of Birth: 36 yrs	Birth Place: Swan Lake, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Family Record of Births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Sep. 27, 1889
Class A	Date of Birth: Sept. 27,	Birth Place: 1889 Swan Lake, Ida.	Full Name of Mother: Sarah Melvina Quigley	Name of Father: Washington McClellan
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Pat Shields	Date Filed: Oct. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 14 1954

433-113-029-364

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 855
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Elbert McClintic		2. Date Of Birth (month) (day) (year): February 13 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: William Price McClintic		7. State or Country of Father's Birth: California	
MOTHER	8. Full Maiden Name of Mother: Lizzie May Tomer		9. State or Country of Mother's Birth: California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry Elbert McClintic	11. Present Address of Registrant: Rt 3 Weiser, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 15, 1954	12. Signature of Notary: Thornton J. Wyman	13. Notary Commission expires: Sept. 4 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's Birth Certificate	By whom issued and signed: State of Idaho Bureau of Vital Statistics	Date Issued: Filed 10-24-16	Date Orig. Entry: Born 8-27-16
Class* B	Date of Birth: 27 yrs / Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Application for Membership	By whom issued and signed: Boise, Idaho Idaho Mutual Benefit Ass'n	Date Issued: November 15, 1932	Date Orig. Entry:
Class B	Date of Birth: Feb. 13,1889 / Birth Place: Moscow, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older aunt	By whom issued and signed: Thornton J. Wyman, Notary Public Carrie Tomer Hayes	Date Issued: October 15, 1954	Date Orig. Entry:
Class B	Date of Birth: Feb. 13,1889 / Birth Place: Moscow, Idaho	Full Name of Mother: Lizzie May Tomer	Name of Father: William Price McClintic	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Pat Shields	Date Filed: October 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 18 1954

1. Name of child: Henry Robert McGinnis
2. Color or race: W
3. Sex: M
4. Place of birth: Idaho
5. Date of birth: November 12, 1932
6. City or town of birth: Moscow
7. Full name of father: Henry Fred McGinnis
8. State or country of father's birth: California
9. Full maiden name of mother: Ruth Ann Tower
10. State or country of mother's birth: California
11. Present address of registrant: [illegible]
12. Signature of registrant: [illegible]
13. Military Commission expires: [illegible]

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible] 19[illegible]

[illegible] 19[illegible]

APPLICANT DID NOT WRITE BELOW THIS LINE

Supporting Record 1: Type of document: Certificate of Birth; Date of birth: October 15, 1932; Birth place: Moscow, Idaho; Full name of mother: Ruth Ann Tower; By whom issued and signed: State of Idaho, Bureau of Vital Statistics; Date issued: Filed; Date orig. entry: [illegible]; Name of father: [illegible]

Supporting Record 2: Type of document: Affidavit by older sister; Date of birth: Feb. 12, 1932; Birth place: Moscow, Idaho; Full name of mother: Carrie Tower Hayes; By whom issued and signed: Thornton J. Byram, Notary Public; Date issued: October 15, 1954; Date orig. entry: [illegible]; Name of father: William Price McGinnis

Class: D

Qualifying Information:

Qualification Verification (Name):

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date filed
[illegible] W. Hanson	Pat Shields	October 18, 1954

Class A Registration: Date issued [illegible] The registrant's fourth birthday.
Class B Registration: Date issued [illegible] Two witnesses who were over [illegible] years of age at the time of the birth of the registrant.

666-218-044-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-893
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELVIRA JOSEPHINE WOODS			2. Date of Birth (month) (day) (year): December 18, 1889
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Indian Valley; Washington County;	b. City or Town of Birth: (Woods homestead).
FATHER	6. Full Name of Father: William Nicholas Woods			7. State or Country of Father's Birth: Alabama
MOTHER	8. Full Maiden Name of Mother: Francis Ellen Lay			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elvira Josephine Woods now Mrs. Phelps widow	11. Present Address of Registrant: 544 Wells St. N. Renton, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: October 12, 1954		12. Signature of Notary: Arthur L. Haugan	13. Notary Commission expires: May 4 1958.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by Arthur L. Haugan, Notary	Date Issued:	Date Orig. Entry: Dec. 18, 1889
Class* A	Date of Birth: Dec. 18,	Birth Place: 1889	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: James S. Woods	Date Issued: Nov. 1, 1954	Date Orig. Entry:
Class B	Date of Birth: Dec. 18,	Birth Place: 1889, Indian Valley, Idaho	Full Name of Mother: Francis Ellen Lay	Name of Father: Wm. N. Woods
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by:		Date Filed: Nov. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT

1. Registrant's full name at birth: ELVIRA JOSEPHINE WOODS

2. Color or race: White

3. Sex: Female

4. Place of birth: Indian Valley, Washington County, (Woods Commstead).

5. Date of birth: December 18, 1889

6. Full name of father: William Nicholas Woods

7. State or country of father's birth: Alabama

8. Full maiden name of mother: Francis Ellen Lay

9. State or country of mother's birth: Tennessee

AFFIDAVIT

I (we) declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on October 12, 19 54

10. Signature of registrant

11. Signature of notary

12. Present address of registrant: Route 1, Box 1, Kenton, Washington

13. Notary Commission expires: May 2, 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING DOCUMENTS

Type of document: Bible record

Date of birth: Birth place

Full name of mother

Name of father

Date issued: Date rec'd: Nov. 16, 1949

By whom issued and signature: Mrs. Vione Vione, Secretary, Hauser, Montana

SUPPORTING EVIDENCE 2.

Type of document: Affidavit by brother

Date of birth: Birth place: Dec. 18, 1889, Indian Valley, Idaho

Full name of mother: Francis Ellen Lay

Name of father: Wm. J. Woods

Date issued: Date rec'd: Nov. 1, 1954

By whom issued and signature: James S. Woods

SUPPORTING EVIDENCE 3.

Type of document:

Date of birth: Birth place:

Full name of mother:

Name of father:

Date issued: Date rec'd:

By whom issued and signature:

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth on the accompanying abstract.

Date of this order: Nov. 1, 1954

Evidence reviewed by: Mrs. Hanson

Date filed: Nov. 1, 1954

dap 8F 1889-364050

BIRTH DELAYED

393205-029-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-907
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Mable Littlefield			2. Date Of Birth (month) April (day) 5 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho / Latah	b. City or Town of Birth: Gold Creek Precinct
FATHER	6. Full Name of Father: Eugene D. Littlefield			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Alice M. Mendenhall			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Mable Littlefield		11. Present Address of Registrant: 1101 Colby Avenue, Everett, Washington
NOTARY (Seal)	Subscribed and sworn to before me on November 10, 1954	12. Signature of Notary: O D Anderson		13. Notary Commission expires: Feb. 13, 1956.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Baptism	By whom issued and signed: First Baptist Church	Date Issued: Baptized	Date Orig. Entry: Aug. 18, 1912
Class* B	Date of Birth: Apr. 5, 1889 / Birth Place: Gold Creek, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Ethel Woodbury	Date Issued: Oct. 13,	Date Orig. Entry: 1954
Class B	Date of Birth: Apr. 5, / Birth Place: 1889, Gold Creek, Idaho	Full Name of Mother: Alice M and	Name of Father: Eugene D. Littlefield	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: General Hospital of Everett Wash.	Date Issued:	Date Orig. Entry: May 25, 1926
Class B	Date of Birth: 37 yrs old / Birth Place: Gold Creek, Idaho	Full Name of Mother: Alice Mendenhall	Name of Father: Eugene Littlefield	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H Fleder	Date Filed: Nov. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

NOV 18 1954

1. Name of child		2. Date of birth	
		April 5	1905
3. Sex	4. Place of birth	5. City or town of birth	
Male	Idaho	Idaho Falls	
6. Full name of father		7. State or country of father's birth	
Eugene L. Littlefield		Minnesota	
8. Full maiden name of mother		9. State or country of mother's birth	
Alice M. Andersell		Minnesota	
10. Signature of registrant		11. Present address of registrant	
		1107 Cobb Avenue, Everett, Washington	
12. Signature of notary		13. Notary Commission expires	

AFFIDAVIT — I do solemnly declare upon oath that the statements are true to the best of my knowledge and belief.

NOTARY — Sworn to and subscribed before me on _____ 19__

APPLICANT — DO NOT WRITE IN THIS LINE

Source of record	Date of birth	Place of birth	Date issued	Date reg. entry
Record of Baptism		First Baptist Church	Baptized	Aug. 18, 1911
Name of child	Date of birth	Place of birth	Date issued	Date reg. entry
Eugene H. Littlefield		Idaho Falls, Idaho	Oct. 16,	1954
Name of father	Full name of mother		Date issued	Date reg. entry
Eugene Littlefield	Alice M. Andersell		May 20,	1924
Name of father	Full name of mother		Date issued	Date reg. entry

Hereby certify that the above certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been analyzed which substantiates the facts as set forth in the foregoing statement.

Registrar — Date filed

E. V. Hansen — Nov. 12, 1954

893-221-022-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 9 - 1953

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54-921
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ann Hill		2. Date of Birth (month) Dec (day) 21 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Salem, Idaho
FATHER	6. Full Name of Father: William Hill		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Williamson		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ann Hill Michelsen	11. Present Address of Registrant: ~~Box~~ # ~~393~~ R#2 St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on May 27, 1953	12. Signature of Notary: Guy Erickson	13. Notary Commission expires December 5, 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record of births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Dec. 21, 1889
Class* A	Date of Birth: Dec. 21, 1889 / Birth Place: Salem, Idaho	Full Name of Mother: Mary Ann Williamson	Name of Father: William Hill	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: State of Idaho County of Fremont	Date Issued: May 26, 1909	Date Orig. Entry:
Class B	Date of Birth: 19 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Feldman	11-17-1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

NOV 17 1954

764-126-004-799

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 1003
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ezra James Poulsen		2. Date of Birth (month) December (day) 26 (year) 1889	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake County	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: James Sirrine Poulsen		7. State or Country of Father's Birth: Bear Lake County, Idaho, USA	
MOTHER	8. Full Maiden Name of Mother: Grace Price		9. State or Country of Mother's Birth: Bear Lake County, Idaho USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ezra Poulsen	11. Present Address of Registrant: 587 First Ave. Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: 9th November 1954	12. Signature of Notary: Ello P. Mead	13. Notary Commission expires: March 15th 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of Membership	By whom issued and signed: L. D. S. Church	Date Issued: 11/22/54	Date Orig. Entry: Entered on record prior to Dec. 1896
Class* B	Date of Birth: Dec. 26, 1889 / Birth Place: Paris, Idaho	Full Name of Mother: James S. Poulsen	Name of Father: Grace Price	
SUPPORTING RECORD 2.	Type of Document: Church record of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: 12/12/54	Date Orig. Entry: Baptized on May 21, 1898
Class B	Date of Birth: Dec. 26, 1889 / Birth Place: Paris, Idaho	Full Name of Mother: Grace Price	Name of Father: James Poulsen	
SUPPORTING RECORD 3.	Type of Document: Excerpt from Pioneers & Prominent Men of Utah	By whom issued and signed: By Frank Esshom, 1913	Date Issued:	Date Orig. Entry: Published in 1913
Class B	Date of Birth: Dec. 26, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

CLASS B. An Excerpt from "Braithwaite's Anthology of Magazine Verse for 1926: Year-Book of American Poetry Sesqui-Centennial Edition, which gives place of birth as Paris, Idaho, and date of birth as December 26, 1889, Parents: Grace Price & James Poulsen

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

249 208-019-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1024
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Burnett			2. Date of Birth (month) (day) (year): July 8, 1889
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Custer
FATHER	6. Full Name of Father: Alexander Burnett			7. State or Country of Father's Birth: Tooele, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Jane Jones			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Patterson		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 28 1954	12. Signature of Notary: Mabel Felder		13. Notary Commission expires: May 7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Alexander Burnett	Date Issued: Dec. 8, 1944	Date Orig. Entry:
Class* B	Date of Birth: July 8, 1889	Birth Place: Custer County Idaho	Full Name of Mother: Mary Jane Jones	Name of Father: Alexander Burnett
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: July 8, 1889	Date Orig. Entry:
Class A	Date of Birth: July 8, 1889	Birth Place: Custer County, Idaho	Full Name of Mother:	Name of Father: Alexander Burnett
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Felder	Date Filed: Dec. 28, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD MABEL (BURNETT) PATTERSON
5. Date of Birth (Month, day, year) July 8, 1889
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ALEXANDER BURNETT
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY JANE JONES
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alexander Burnett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mabel Patterson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Harris (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alexander Burnett Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of December, 19 41

(SEAL) [illegible] Notary Public, residing at Mackay, Idaho

My Commission Expires Aug. 1, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-205-004-248

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-42
Local Reg. No.
Reg. Dist. No.

RECEIVED JAN 17 1955 Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charlotte Julia Kunz		2. Date of Birth (month) January (day) 5 (year) 1889	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Bear Lake	b. City or Town of Birth: Bern
FATHER	6. Full Name of Father: Christian Kunz		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Caroline Buhler		9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charlotte J. Kunz Harris	11. Present Address of Registrant: 2342 Adams Ave. Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: December 20 19 54	12. Signature of Notary: David S. Kunz	13. Notary Commission expires: August 5, 19 58	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued: Baptized	Date Orig. Entry: May 2, 1897
Class* B	Date of Birth: Jan. 5, 1889	Birth Place: Bern, Idaho	Full Name of Mother: Caroline Buhler	Name of Father: Christian Kunz
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: School of Nursing Latter-day Saints Hospital	Date issued: entered	Date Orig. Entry: Oct. 7, 1908
Class B	Date of Birth: Jan. 5, 1889	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Ida Kunz Boss	Date issued: Jan. 11,	Date Orig. Entry: 1955
Class B	Date of Birth: Jan. 5, 1889	Birth Place: Bern, Idaho	Full Name of Mother: Caroline Buehler	Name of Father: Christian Kunz
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Jan. 17, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

JAN 18 1955

653-107-004-431

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 17 1955
Division of Vital Statistics

State File No. De55-149
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John William Welch			2. Date of Birth (month) Dec (day) 7 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bennington
FATHER	6. Full Name of Father: William Wallace Welch			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Dickson McArthur			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John William Welch		11. Present Address of Registrant: Rexburg Ida
NOTARY (Seal)	Subscribed and sworn to before me on: February 14 1955	12. Signature of Notary: Jack A. Stone, Clerk of District Court, by Charlene Morris-Deputy		13. Notary Commission expires: Elective

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Group Record	By whom issued and signed: Family	Date Issued: Dec. 7, 1889	Date Orig. Entry
Class* B	Date of Birth: Dec. 7, 1889 / Birth Place: Bennington, Idaho	Full Name of Mother: Elizabeth D. McArthur	Name of Father: Wm. Wallace Welch	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Welch	Date Issued: Feb. 14,	Date Orig. Entry: 1955
Class B	Date of Birth: Dec. 7, 1889 / Birth Place: Bennington, Idaho	Full Name of Mother: Elizabeth Welch	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit for Marriage License	By whom issued and signed: Fremont County Idaho	Date Issued: Feb. 10,	Date Orig. Entry: 1909
Class B	Date of Birth: 19 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [illegible]	Date Filed: Feb. 17, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0063

FEB 16 1955

249-112.004-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 28 1955
Division of Vital Statistics

State File No. De55-178
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester L. Burbank
2. Date of Birth (month) (day) (year): Dec. 12, 1889
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Bear Lake County
b. City or Town of Birth: Bennington

FATHER

6. Full Name of Father: Daniel Mark Burbank, Jr.
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Sarah Adeline Lindsay
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester L. Burbank
11. Present Address of Registrant: St. Anthony, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 21 19 55

12. Signature of Notary: Neli I. Sell
Residing at St. Anthony, Idaho.
13. Notary Commission expires: September 11, 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: L. D. S. Church
Date Issued: Baptized
Date Orig. Entry: June 8, 1898

Class* B
Date of Birth: Dec. 12, 1889
Birth Place: Bennington, Idaho
Full Name of Mother: Sarah A. Lindsay
Name of Father: Daniel M. Burbank

SUPPORTING RECORD 2.

Type of Document: Affidavit by sister
By whom issued and signed: Alba L. Burbank Romrell
Date Issued: Jan. 21,
Date Orig. Entry: 1955

Class B
Date of Birth: Dec. 12, 1889
Birth Place: Bennington, Idaho
Full Name of Mother: Lester L. Burbank
Name of Father: Sarah A. Lindsay

SUPPORTING RECORD 3.

Type of Document: Certificate of Blessing
By whom issued and signed: L. D. S. Church
Date Issued: Feb. 14, 55
Date Orig. Entry: 12/25/1889

Class
Date of Birth: 12/12/1889
Birth Place: Bennington, Idaho
Full Name of Mother: Sarah A. Lindsay
Name of Father: Daniel Burbank

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Keefer
Date Filed: Feb. 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 24 1965

379-130-026-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 23 1955
Division of Vital Statistics

State File No. De55-189
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Henry Clifford			2. Date of Birth (month) November (day) 30 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Lewisville, Idaho
FATHER	6. Full Name of Father: Leanord Elisha Clifford			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Maria Elizabeth Campbell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Henry Clifford		11. Present Address of Registrant: 104 Whittier Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 30 1954	12. Signature of Notary: Dell Goodell		13. Notary Commission expires: Jan 25 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: entered	Date Orig. Entry: June 4, 1899
Class* B	Date of Birth: Nov. 30, 1889 / Birth Place: Lewisville, Idaho	Full Name of Mother: Maria E. Campbell	Name of Father: Leonard E. Clifford	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Life Insurance Company	Date Issued:	Date Orig. Entry: Feb. 8,1917
Class B	Date of Birth: Nov. 30, 1889 / Birth Place: Lewisville, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Pleasant W. Dabell	Date Issued: Feb. 15,	Date Orig. Entry: 1955
Class B	Date of Birth: Nov. 30, 1889 / Birth Place: Lewisville, Idaho	Full Name of Mother: Maria E. Campbell	Name of Father: Leonard E. Clifford	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Helder	Date Filed: Feb. 28, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

819-212-007-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-195
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maymie Alma Harmon		2. Date of Birth (month) November (day) 12 (year) 1889	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: Charles Francis Harmon		7. State or Country of Father's Birth: Maine	
MOTHER	8. Full Maiden Name of Mother: Lillian Waitstill Smith		9. State or Country of Mother's Birth: Maine	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maymie Bush	11. Present Address of Registrant: 5 Peasley St., Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 18 1955	12. Signature of Notary: Mabel Fleeger	13. Notary Commission expires: May 7 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Lincoln School Boise Public Schools	Date Issued: 1903-4 enrolled	Date Orig. Entry
Class* B	Date of Birth: 14 yrs old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: On file Division of Vital Statistics, Boise, Idaho	Date Issued: Jan. 20, 1916	Date Orig. Entry
Class B	Date of Birth: 26 yrs old	Birth Place: Idaho	Full Name of Mother: #36471	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Abbie Prout	Date Issued: Feb. 21, 1955	Date Orig. Entry
Class B	Date of Birth: Nov. 12, 1889,	Birth Place: Bellevue, Idaho	Full Name of Mother: Lillian Smith	Name of Father: Chas. F. Harmon
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeger		Date Filed: Feb. 28, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 1 1965

997408-035-685

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 4 1955
Division of Vital Statistics

State File No. De55-209
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvester Riggs		2. Date of Birth (month) Dec. (day) 8, (year) 1889	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: George Riggs		7. State or Country of Father's Birth: Kentucky U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Agnes Wheatcroft		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvester Riggs	11. Present Address of Registrant: Metaline, Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: March 2nd 1955	12. Signature of Notary: Genevieve Simm	13. Notary Commission expires: January 8 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church Lewiston, Idaho	Date Issued: Baptized	Date Orig. Entry: Mch. 9, 1890
Class* A	Date of Birth: Dec. 8, 1889 / Birth Place: Lewiston, Idaho	Full Name of Mother: Agnes Wheatcroft	Name of Father: George Riggs	
SUPPORTING RECORD 2.	Type of Document: Insurance policy	By whom issued and signed: Great Western Mutual Assoc.	Date Issued: Apr. 15,	Date Orig. Entry: 1935
Class B	Date of Birth: 45 yrs old / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Mabel Keefer	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 7 1954

238-208-002-592

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 14 1955
Division of Vital Statistics

State File No. De55-257
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Marie Schmidt			2. Date of Birth (month) (day) (year): December 8, 1889
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Alturas, now Blaine	b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: John Schmidt			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Christina M. Nissen			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie Marie Schmidt Nutsaw		11. Present Address of Registrant: Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 12th 1955	12. Signature of Notary: Floyd Hunt		13. Notary Commission expires: Feb. 19th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Membership	By whom issued and signed: Woman's Benefit Assoc.	Date Issued:	Date Orig. Entry: Sept. 1, 1921
Class* B	Date of Birth: Dec. 8, 1889 / Birth Place: Hailey, Idaho	Full Name of Mother: Christina M. Nisson	Name of Father: John Schmidt	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Business Men's Assurance Co. of America	Date Issued: Feb. 21, 1955	Date Orig. Entry:
Class B	Date of Birth: Dec. 8, / Birth Place: 1889	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: Insurance Company of America	Date Issued: Oct. 1930	Date Orig. Entry:
Class B	Date of Birth: Dec. 8, 1889	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Helen	Date Filed: 3-17-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

MAR 17 1956

249-210-014-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-313
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susie Elizabeth Smith		2. Date of Birth (month) (day) (year): Oct 10 . 1889
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Smith Ranch Canyon; b. City or Town of Birth: Near Caldwell
FATHER	6. Full Name of Father: Russell Smith		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Minnie Nevada McCollum		9. State or Country of Mother's Birth: Little Rock Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Susie Elizabeth Smith	11. Present Address of Registrant: Caldwell Idaho. Rt. 5
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 12 1955	12. Signature of Notary: [illegible]	13. Notary Commission expires: May 8 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: School District #15, Canyon County, Fred W. Anderson, Co.	Date Issued: Supt.	Date Orig. Entry: Sept. 1, 1903
Class* B	Date of Birth: 13 yrs old; Birth Place:	Full Name of Mother:	Name of Father: R. Smith	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie N. Smith	Date Issued: Jan. 12, 1955	Date Orig. Entry:
Class B	Date of Birth: Oct. 10, 1889; Birth Place: near Caldwell, Idaho	Full Name of Mother: Minnie N. Smith	Name of Father: Russell Smith	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: DEpartment of Commerce Washington D.C.	Date Issued:	Date Orig. Entry: June 1, 1900
Class B	Date of Birth: 10 yrs. old; Birth Place: Idaho	Full Name of Mother: Minnie Smith	Name of Father: Russell M. Smith	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joanne Hallstrom	Date Filed: 4-5-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

552-106-038-234

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 25 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-409
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer Homer Nesbitt		2. Date of Birth (month) June (day) 6 (year) 1889	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada; Payette Valley (Now Payette)	b. City or Town of Birth: Falk, Idaho
FATHER	6. Full Name of Father: John Franklin Nesbitt		7. State or Country of Father's Birth: Greensborough, Vermont	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Stuart		9. State or Country of Mother's Birth: Canton, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Homer Nesbitt	11. Present Address of Registrant: Nesbitt Ranch, Ola, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 23 1955	12. Signature of Notary: John H. Carroll	13. Notary Commission expires: 8/16 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of	Date Orig. Entry: 1900
Class* B	Date of Birth: June 1889 10 yrs old; Birth Place: Idaho	Full Name of Mother: Mary Nesbitt	Name of Father: John F. Nesbitt	
SUPPORTING RECORD 2.	Type of Document: Application for insurance	By whom issued and signed: Northwestern Mutual Life Insurance Co.	Date Issued:	Date Orig. Entry: Oct. 1, 1919
Class B	Date of Birth: June 6, 1889; Birth Place: Payette Valley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #130080	Date Issued	Date Orig. Entry: 2-23-25
Class B	Date of Birth: 35 yrs old; Birth Place: Falk, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Also, affidavit by Hattie A. Baird, gives the date of birth as June 6, 1889, Falk, Idaho. Father, John Franklin Nesbitt, mother, Mary Stuart.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredin	Apr. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

APR 26 1955

3/6-22-020-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 16 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-472
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Estelle (Stella) Lawson			2. Date of Birth (month) (day) (year): Dec. 21 1889
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Idaho — a. County: Elmore	b. City or Town of Birth: Rocky Bar
FATHER	6. Full Name of Father: James Lawson			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Mary Josephine Howard			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Estelle D. McDaniel		11. Present Address of Registrant: Yuba City - Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 16th 1955	12. Signature of Notary: Harry Silver		13. Notary Commission expires: May 10th 1958

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: census of	Date Orig. Entry: 1900
Class* B	Date of Birth: Dec. 1889 — Birth Place: 10 yrs old Idaho	Full Name of Mother: Mary and	Name of Father: James Lawson	
SUPPORTING RECORD 2.	Type of Document: School Census	By whom issued and signed: Boise Public Schools	Date Issued: 1903-4	Date Orig. Entry: census
Class B	Date of Birth: 13 yrs old — Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: State of Washington County of Clark	Date Issued: Apr. 3, 1909	Date Orig. Entry:
Class B	Date of Birth: 19 yrs old — Birth Place: Idaho	Full Name of Mother: Mary Howard	Name of Father: James Lawson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Geder	Date Filed: May 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 17 1955

962-206-026-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 16 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-473
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Cady Rostan		2. Date Of Birth (month) Sept. (day) 6 (year) 1889	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Labelle
FATHER	6. Full Name of Father: Emil Rostan		7. State or Country of Father's Birth: Lynn, Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah M. Smithies		9. State or Country of Mother's Birth: Salt Lake City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Cady Rostan Harris	11. Present Address of Registrant: Lorenzo, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 13, 1955 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: March 28 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Blessed Oct. 1889	Date Orig. Entry
Class* A	Date of Birth: Sept. 6, 1889 / Birth Place: LaBelle,	Full Name of Mother: Idaho Sarah M. Smithies	Name of Father: Emil Rostan	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Sept. 5, 1897
Class B	Date of Birth: Sept. 6, 1889 / Birth Place: LaBelle,	Full Name of Mother: Idaho Sarah M. Smithies	Name of Father: Emil Rostan	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Smithies Rostan	Date Issued: May 13, 1955	Date Orig. Entry
Class B	Date of Birth: Sept. 6, 1889 / Birth Place: Labelle,	Full Name of Mother: Idaho Sarah M. and	Name of Father: Emil Rostan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	May 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 17 1955

Type of Document	By whom issued and signed	Date issued / Date filed
Church Record	L. D. S. Church	Lessed Oct. 1893
Date of Birth / Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date issued / Date filed
Church Record	L. D. S. Church	Lyl Lessed Sept. 5, 1897
Date of Birth / Birth Place	Full Name of Mother	Name of Father
Sept. 6, 1883, Lubbie, Idaho	Sarah M. Smithies	Emil Sostan
Type of Document	By whom issued and signed	Date issued / Date filed
Affidavit by mother	Sarah Smithies Sostan	May 19, 1955
Date of Birth / Birth Place	Full Name of Mother	Name of Father
Sept. 6, 1883, Lubbie, Idaho	Sarah M. and	Emil Sostan

SUPPORTING RECORD 2.

SUPPORTING RECORD 3.

BIRTHPLACE INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been found, which substantiates the facts as set forth in the foregoing data.

State Registrar	Signature received by	Date filed
W. W. Jenson		May 16, 1955

Place a periods are from date and date before the registrant's birthday.
Place a documentary proof made after the registrant's birthday and are at least 2 years

33-215-030-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 13 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 568
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillie Juanita Clark			2. Date of Birth (month) (day) (year): January 15 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Ranch near May
FATHER	6. Full Name of Father: Joseph M. Clark			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Edith J. Decker			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillie Juanita Clark		11. Present Address of Registrant: Northfork, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 20, 1955	12. Signature of Notary: [illegible] Notary		13. Notary Commission expires: February 27 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record	By whom issued and signed: Bureau of the Census	Date Issued: 7/7/53	Date Orig. Entry: Census of ~~June 1, 1900~~
Class* B	Date of Birth: 11 yrs old Jan. 1889 / Birth Place: Idaho	Full Name of Mother: Edith J. Clerk	Name of Father: Joseph M. Clark	
SUPPORTING RECORD 2.	Type of Document: School Census report	By whom issued and signed: County Board of Education ~~Lemhi County, Salmon, Idaho~~	Date Issued: 6/6/55	Date Orig. Entry: School Census for 1910
Class B	Date of Birth: Jan. 15, 1889 / Birth Place: Lemhi County	Full Name of Mother:	Name of Father: Joseph M. Clark	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin	By whom issued and signed: May Sheppard	Date Issued: May 20, 1955	Date Orig. Entry:
Class B.	Date of Birth: Jan. 15, 1889 / Birth Place: Lemhi County	Full Name of Mother: Edith J. Decker	Name of Father: Joseph M. Clark	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 13, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2 copies

JUN 14 1966

Lillie Juanita Clark

Male | Female | Leavitt

Joseph M. Clark

Lillie L. Hooker

Minnesota | Minnesota

Lewiston, Idaho

February 27 19 66

168-204-039-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 576
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL GERINA JOHNSON			2. Date of Birth (month) September (day) 4 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Enos Mandius Johnson			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Mary Ann Charlesworth			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Gerina Johnson		11. Present Address of Registrant: 3212 State Historical Rd, # 1 Tacoma, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 19 55	12. Signature of Notary: Florence M. Black		13. Notary Commission expires: Aug 1 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible record of birth	By whom issued and signed: Bible record viewed in the office of Vital Statistics	Date Issued:	Date Orig. Entry: September 4, 1889
	Date of Birth: Sept. 4, 1889	Birth Place: Rockland, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Child's birth certificate	By whom issued and signed: State of Wyoming	Date Issued: Jan 21, 1918	Date Orig. Entry:
	Date of Birth: 28 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: E. Hamilton		Date Filed: June 14, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pass

Form DPH 49067

864204-007-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 21 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 592
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Yount		2. Date of Birth (month) April (day) 4 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: George Yount		7. State or Country of Father's Birth: Patton, Missouri
MOTHER	8. Full Maiden Name of Mother: Cansada Smith		9. State or Country of Mother's Birth: Patton, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Yount Colburn	11. Present Address of Registrant: 34 W. 4th Ave San Mateo Calif
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 18 1954	12. Signature of Notary: B L Grow	13. Notary Commission expires: 10/21 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment record	By whom issued and signed: C. C. Larkin, Supt. Union Pacific Railroad Co.	Date Issued: 4/8/54	Date Orig. Entry: Employed 1918 - 1919
Class* B	Date of Birth: Apr. 4, 1889	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: #14985 Child's birth Certificate	By whom issued and signed: State of Missouri - Bureau of Vital Statistics	Date Issued: Filed Dec. 30, 1912	Date Orig. Entry: Child born on Dec. 27, 1912
Class B	Date of Birth: 23 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin	By whom issued and signed: George Yount	Date Issued: June 13, 1955	Date Orig. Entry
Class B	Date of Birth: April 4, 1889	Birth Place: Bellevue, Idaho	Full Name of Mother: Cansada Smith	Name of Father: George Yount

QUALIFYING INFORMATION

CLASS B. Affidavit of Rev. J. P. Jewell, dated Oct. 28, 1941, which gives the place of birth of registrant as Bellevue, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 21, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 27 1969

JUN 21 1955

249-215-011-249 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUN 24 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-608
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL MAE SMITH	2. Date of Birth (month) May (day) 15 (year) 1889	
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Arthur	b. City or Town of Birth: Fish Creek, Idaho	
FATHER	6. Full Name of Father: James Smith	7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Anna A. Smith	9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Mae Smith (Eva M. Son)	11. Present Address of Registrant: Plains, Montana
NOTARY (Seal)	Subscribed and sworn to before me on April 16, 1955	12. Signature of Notary: Alex C. Mason	13. Notary Commission expires: 8/24/56 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Voting Record	By whom issued and signed: Sanders County, Mont. Dorothy Dodson, County Clerk	Date Issued	Date Orig. Entry: Sept. 18, 1946
Class* B	Date of Birth: 57 yrs. old -	Birth Place: Fish Creek Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: letter re school records	By whom issued and signed: Flathead County, Mont. Lula Barnard, Superintendent	Date Issued: 4-23-55	Date Orig. Entry: year 1903
Class B	Date of Birth: 13 yrs old	Birth Place	Full Name of Mother	Name of Father: James Smith
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle	By whom issued and signed: Henry E. Smith	Date Issued: April 16,	Date Orig. Entry: 1955
Class B	Date of Birth: May 15, 1889	Birth Place: Fish Creek Idaho	Full Name of Mother	Name of Father: James Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Waller	Date Filed: June 24, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 24 1990

268-222-016-432

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 1 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-917
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Washington Boyd.		2. Date of Birth (month) May. (day) 22 (year) 1889	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Idaho Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: George Washington Boyd		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jessie Ann McBride		9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Washington Boyd	11. Present Address of Registrant: Shafah. Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 26 1955	12. Signature of Notary: Betty L. Callaway	13. Notary Commission expires: Jan 25 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom issued and signed: Hilda Erickson	Date Issued: Apr. 8, 1955	Date Orig. Entry
Class* B	Date of Birth: May 22, 1889 / Birth Place: Little Basin, Oakley, Idaho	Full Name of Mother: Jessie Ann McBride	Name of Father: George W. Boyd	
SUPPORTING RECORD 2.	Type of Document: marriage license	By whom issued and signed: STATE OF UTAH County of Tooele	Date Issued	Date Orig. Entry: October 22, 1910
Class B	Date of Birth: 21 years old / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: census record	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 5-18-55	Date Orig. Entry: Census of 1900, June 1
Class B	Date of Birth: May, 1889 11 years old / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: October 19, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40063

OCT 20 1955

619-104-028-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1009
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SENECA JOHN WARREN		2. Date of Birth (month) February (day) 4 (year) 1889	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: John W. Warren		7. State or Country of Father's Birth: Erie, Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Mary McLean		9. State or Country of Mother's Birth: Prince Edward Island	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Seneca John Warren	11. Present Address of Registrant: 1803 West Indiana Ave Spokane (17) Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1955	12. Signature of Notary: Wallace C. Carter	13. Notary Commission expires: JAN. 31, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Mary Warren Rushing	Date Issued: 8-30-46	Date Orig. Entry:
Class* B	Date of Birth: February 4, 1889 / Birth Place: Coeur d'Alene, Kootenai County Idaho	Full Name of Mother: Mary McLean	Name of Father: John W. Warren	
SUPPORTING RECORD 2.	Type of Document: certificate of marriage	By whom issued and signed: STATE OF WASHINGTON County of Spokane	Date Issued: 11-7-55	Date Orig. Entry: married June 2, 1908
Class B	Date of Birth: 19 years old / Birth Place: Idaho	Full Name of Mother: Mary McClene	Name of Father: J. W. Warren	
SUPPORTING RECORD 3.	Type of Document: statement re school record	By whom issued and signed: COUNTY BOARD OF EDUCATION Kootenai County	Date Issued: 11-9-55	Date Orig. Entry: census report July 21, 1898
Class B	Date of Birth: 9 years old / Birth Place:	Full Name of Mother:	Name of Father: J. W. Warren	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D. I. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: November 23 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

168-715-036-546

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-029
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Edwards John		2. Date of Birth (month) August (day) 15 (year) 1889	
	3. Color or Race: W hite	4. Sex: male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Samaria, Idaho
FATHER	6. Full Name of Father: William Lloyd John		7. State or Country of Father's Birth: Wales	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Edwards		9. State or Country of Mother's Birth: Wales	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry E. John	11. Present Address of Registrant: Malad, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on December 19 19 55	12. Signature of Notary: Jedd G. Owens	13. Notary Commission expires January 15 19 59	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: STATEMENT RE FAMILY RECORE BOOK	By whom issued and signed: viewed by Jedd G. Owens Malad, Idaho	Date Issued: 1-5-56	Date Orig. Entry:
Class* B	Date of Birth: August 15 1889 / Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Mary John	Name of Father: William John	
SUPPORTING RECORD 2.	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: IDAHO MUTUAL BENEFIT ASSOCIATION Boise, Idaho #33829	Date Issued:	Date Orig. Entry: April 1 1939
Class B	Date of Birth: August 15, 1889 / Birth Place: Samaria, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: MILITARY RECORD	By whom issued and signed: UNITED STATES ARMY	Date Issued:	Date Orig. Entry: enlisted April 30, 1918
Class B	Date of Birth: 28 9/12 years of age / Birth Place: Samaria, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: January 10 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 10 1958

STATE OF IDAHO

154-28-014-218

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-046
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Anderson		2. Date of Birth (month) May (day) 28 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon b. City or Town of Birth: Notus
FATHER	6. Full Name of Father: Anthony Anderson		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Alma Say		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George William Anderson	11. Present Address of Registrant: 323-20th W. S. Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 1956	12. Signature of Notary: M. L. Hamblin	13. Notary Commission expires: 3-5-1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge U.S.Army	By whom issued and signed: H. C. Smith-Adjutant Command.	Date Issued: June.23,1919	Date Orig. Entry: Oct.5,1917
Class* B	Date of Birth: Enlistment Age 28 / Birth Place: Notus, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Bureau of the Census Census Record	By whom issued and signed: Washington 25, D.C. Department of Commerce	Date Issued: Dec.22,1953	Date Orig. Entry: June 1 Census of 1910
Class B	Date of Birth: May 1889 / Birth Place: Idaho	Full Name of Mother: Alma Anderson	Name of Father: Anthony Anderson	
SUPPORTING RECORD 3.	Type of Document: Membership Record	By whom issued and signed: Division 634 Glenns Ferry, Ida. Brotherhood of Locomotive Eng.	Date Issued: Nov.5,1953	Date Orig. Entry: Dec.26, 1914
Class B	Date of Birth: May 28,1889 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Emson	Evidence reviewed by: Verna Reisch	Date Filed: 2/13/56

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's full name at birth

2. Date of birth (month) (day) (year)

3. Sex

4. Place of birth — County

5. City or town of birth

FATHER

6. Full name of father

7. State or country of father's birth

MOTHER

8. Maiden name of mother

9. State or country of mother's birth

AFFIDAVIT

I hereby certify that the statements made by me are true to the best of my knowledge and belief.

10. Signature of applicant

11. Present address of applicant

NOTARY

Subscribed and sworn to before me this 12. Signature of Notary

13. Notary Commission expires

SUPPORTING EVIDENCE

Class A

Type of document

Date of birth and place

H. S. certificate

(a) Name of mother

Date issued

Date filing entry

Name of father

Class B

Type of document

Date of birth and place

Baptismal record

(b) Name of mother

Date issued

Date filing entry

Name of father

Class C

Type of document

Date of birth and place

Registered record

(c) Name of mother

Date issued

Date filing entry

Name of father

REGISTRAR'S CERTIFICATION

(seal)

I hereby certify that an entry with serial number has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

State Registrar

Evidence reviewed by

Date filed

Class A records are those made and filed before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but prior to the age of 10 years.
Class C records are those made after the age of 10 years.

255-209.029-755

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-433
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Elizabeth Kennedy		2. Date of Birth (month) December (day) 9 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Latah (Kenville Precinct) State of Idaho (Vollmer (Troy))	b. City or Town of Birth: rural near Vollmer (Idaho)
FATHER	6. Full Name of Father: Peter Kennedy		7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Abigail Pendergast		9. State or Country of Mother's Birth: Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel E. Kennedy	11. Present Address of Registrant: 1116 East 3rd, Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1956	12. Signature of Notary: J. M. O'Donnell	13. Notary Commission expires: Sept 10 1957	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: Mutual Benefit Health & Accident #13439 51M	Date Issued	Date Orig. Entry: applied Jan. 11, 1951
Class* B	Date of Birth: December 9, 1889 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Bible record	By whom issued and signed: viewed by J. M. O'Donnell, Notary, Moscow, Idaho	Date Issued: 4-23-56	Date Orig. Entry
Class B	Date of Birth: December 9, 1889 / Birth Place	Full Name of Mother: Abigail Pendergast	Name of Father: Peter Kennedy	
SUPPORTING RECORD 3.	Type of Document: Census record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 4-13-56	Date Orig. Entry: Census of 1900 June 1
Class B	Date of Birth: 10 years old Dec., 1889 / Birth Place: Idaho	Full Name of Mother: Abigal Kennedy	Name of Father: Peter Kennedy	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Betty Waller	Date Filed: April 30, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

[redacted]

299-101-004-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-462
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Thomas Sizemore		2. Date of Birth (month) May (day) 1 (year) 1889	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Idaho Bear Lake	b. City or Town of Birth: Georgetown
FATHER	6. Full Name of Father: William Marion Sizemore		7. State or Country of Father's Birth: Alabama	
MOTHER	8. Full Maiden Name of Mother: Mary Ann J. Cook		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel Thomas Sizemore	11. Present Address of Registrant: Georgetown, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 27, 1956	12. Signature of Notary: Ruth Aland (RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires ~~March 6, 1960~~)	13. Notary Commission expires: March 6, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record sheet	By whom issued and signed: original record sheets viewed by this office	Date Issued:	Date Orig. Entry: obviously old
Class* B	Date of Birth: May 1 1889	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Mary Ann J. Sizemore	Name of Father: William M. Sizemore
SUPPORTING RECORD 2.	Type of Document: son's birth certificate	By whom issued and signed: State of Idaho #136104	Date Issued: 5-11-46	Date Orig. Entry: child born May 1, 1916
Class B	Date of Birth: 27 years old	Birth Place: Georgetown Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: affidavit by older brother	By whom issued and signed: John R. Sizemore Lava Hot Springs, Idaho	Date Issued: 3-10-56	Date Orig. Entry:
Class B	Date of Birth: May 1 1889	Birth Place: Georgetown, Idaho	Full Name of Mother: Mary Ann J. Cook	Name of Father: William Marion Sizemore
QUALIFYING INFORMATION	census record	Department of Commerce Bureau of the Census	issued 3-14-56	Census of 1900 June 1
	11 years old birthplace: Idaho birthdate: May, 1889 parents: Mary Ann J. Sizemore & Wm. M. Sizemore			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller		Date Filed: May 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. 1-2455-56

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAY 8 1956

REGISTRANT	1. Registrant's full name at birth: Daniel Thomas Sizemore	2. Date of birth: (Month) May (Day) 1 (Year) 1889
	3. Sex: M 4. Color or Race: W	5. Place of birth: Idaho, County: Bear Lake, City or town: Georgetown
FATHER	6. Full name of father: William Marion Sizemore	7. State or country of father's birth: Alabama
MOTHER	8. Maiden name of mother: Mary Ann J. Cook	9. State or country of mother's birth: Illinois
AFFIDAVIT	I hereby swear upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present address of Registrant: Georgetown, Idaho
	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: March 6, 1960

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of document: Family record sheet	By whom issued and signed: original record sheets signed by this office	Date issued:	Date orig. entry: obviously old
	Date of birth, birth place: Georgetown, Idaho, 1889, Bear Lake County	Full name of mother: Mary Ann J. Sizemore	Full name of father: William M. Sizemore	Class:
SUPPORTING RECORD 2	Type of document: Joint birth certificate	By whom issued and signed: State of Idaho [illegible]	Date issued: 7-17-46	Date orig. entry: Child born May 1, 1916
	Date of birth, birth place: Georgetown, old, Idaho	Full name of mother:	Name of father:	Class: B
SUPPORTING RECORD 3	Type of document: Affidavit by elder brother	By whom issued and signed: John W. Sizemore, [illegible], Idaho	Date issued: 5-10-56	Date orig. entry:
	Date of birth, birth place: May 1, 1889, Georgetown, Idaho	Full name of mother: Mary Ann J. Cook	Name of father: William Marion Sizemore	Class:
SUPPORTING RECORD 4	Department of Commerce	Issued: Census of 1900		

ABSTRACT: 11 years old; birthplace: Idaho; birthdate: May 1, 1889; Parents: Mary Ann J. Sizemore & Wm. M. Sizemore

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Filed: May 7, 1956	Evidence reviewed by: Betty Waller

State Registrar: [illegible]

*Class [illegible]

693-225-036-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De56-535
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Rebecca Williams			2. Date of Birth (month) (day) (year): November 25, 1889
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Samaria Oneida	b. City or Town of Birth: Samaria
FATHER	6. Full Name of Father: David D. Williams			7. State or Country of Father's Birth: South Wales
MOTHER	8. Full Maiden Name of Mother: Rebecca P. Williams			9. State or Country of Mother's Birth: South Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Rebecca Williams Ripley		11. Present Address of Registrant: 940 Grant Ave New Philadelphia, Ohio
NOTARY (Seal)	Subscribed and sworn to before me on: October 19, 1955	12. Signature of Notary: Marian Keffer		13. Notary Commission expires: May 16, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement re geneology sheet	By whom issued and signed: viewed by John H. McAllister Clerk of District Court	Date Issued: 3-24-55	Date Orig. Entry:
Class* B	Date of Birth: November 25, 1899 / Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Oneida County Rebecca P. Williams	Name of Father: David D. Williams	
SUPPORTING RECORD 2.	Type of Document: affidavit by older sister	By whom issued and signed: Mary Jane Williams Hill	Date Issued: 3-24-55	Date Orig. Entry:
Class B	Date of Birth: November 25, 1899 / Birth Place: Samaria, Idaho Oneida County	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH Salt Lake City, Utah	Date Issued: 4-2-56	Date Orig. Entry: recorded July 6, 1902
Class A	Date of Birth: November 25, 1889 / Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Rebecca Williams	Name of Father: David Williams	
QUALIFYING INFORMATION	census record	Department of Commerce Bureau of the Census	issued 4-20-56	Census of 1900 June
	birth date: November, 1889 birthplace: Idaho	parents: David D. Williams Rebecca P. Williams		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. A. Benson	Evidence reviewed by: bw Betty Waller		Date Filed: May 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 22 '56

693-227-036-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-543
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Williams			2. Date of Birth (month) (day) (year): March 27,1889
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Samaria Oneida	b. City or Town of Birth: Samaria,Idaho
FATHER	6. Full Name of Father: Jeremiah H.Williams			7. State or Country of Father's Birth: Monmouth,Wales
MOTHER	8. Full Maiden Name of Mother: Ruth Williams			9. State or Country of Mother's Birth: Brecon ,Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Ruth Brice		11. Present Address of Registrant: Samaria,Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1956	12. Signature of Notary: John H. McAllister Clerk,District Court		13. Notary Commission expires: Jan.12 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit		By whom issued and signed: Daniel M. Williams	Date Issued: 5-19-56	Date Orig. Entry:
Class* B	Date of Birth: March 27 1889	Birth Place: Samaria Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: church record		By whom issued and signed: L.D.S. CHURCH Salt Lake City, Utah	Date Issued: 2-21-56	Date Orig. Entry: baptized Sept. 5, 1897
Class B	Date of Birth: March 27 1889	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Ruth Williams	Name of Father: Jeremiah H. Williams	
SUPPORTING RECORD 3.	Type of Document: daughter's birth certificate		By whom issued and signed: State of Idaho #370	Date Issued:	Date Orig. Entry: child born Aug. 31, 1911
Class B	Date of Birth: 22 years old	Birth Place: Samaria Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: May 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

386-108-036-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-657
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard Agustas Thompson		2. Date of Birth (month) Oct. (day) 8 (year) 1889	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Rockland Idaho
FATHER	6. Full Name of Father: Agustus Walter Thompson		7. State or Country of Father's Birth: Utah U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Emily Maria Allen		9. State or Country of Mother's Birth: Utah U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Willard A. Thompson	11. Present Address of Registrant: American Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 5-7 1956	12. Signature of Notary: Sheryl R. Potter	13. Notary Commission expires 7-20 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH American Falls, Idaho	Date Issued: 9-18-55	Date Orig. Entry: baptized Aug. 6, 1904
Class* B	Date of Birth: October 8 1889 / Birth Place: Rockland, Idaho Power County	Full Name of Mother: Emily Maria Allen	Name of Father: A. Walter Thompson	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family	By whom issued and signed: Leroy Peter Nelson American Falls, Idaho	Date Issued: 4-30-56	Date Orig. Entry:
Class B	Date of Birth: October 8 1889 / Birth Place: Rockland, Idaho Power County	Full Name of Mother: Emily Maria Allen	Name of Father: A. Walter Thompson	
SUPPORTING RECORD 3.	Type of Document: application for Social Security number #519-36-5396	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Jan 9, 1952
Class B	Date of Birth: October 8, 1889 / Birth Place: Rockland, Idaho Power County	Full Name of Mother: Maria Allen	Name of Father: A. Walter Thompson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: B Swanson	Evidence reviewed by: Betty Waller	Date Filed: June 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

849-101-001-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-729
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THOMAS QUINN		2. Date of Birth (month) JULY (day) 1 (year) 1889	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ADA	b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: MAURICE QUINN Thomas Quinn		7. State or Country of Father's Birth: MASSACHUSETTS	
MOTHER	8. Full Maiden Name of Mother: ANN BRAINARD		9. State or Country of Mother's Birth: PLACERVILLE, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:	11. Present Address of Registrant: 2013 Mt View Dr	
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1956	12. Signature of Notary: Inez Edison	13. Notary Commission expires: 3-25- 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: ST. JOHN the Evangelist Church, Boise, Idaho	Date Issued: 9-1-55	Date Orig. Entry: Baptized Sept. 20, 1889
Class* A	Date of Birth: July 1, 1899 / Birth Place: Boise, Idaho	Full Name of Mother: Ann Brainard	Name of Father: Maurice Quinn	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census Department of Commerce	Date Issued: Dec. 20, 1955	Date Orig. Entry: Census of 1900 June 1
Class B	Date of Birth: July 1889 / Birth Place: Idaho	Full Name of Mother: Anna M. Quinn	Name of Father: Maurice L. Quinn	
SUPPORTING RECORD 3.	Type of Document: Hospitalization Record	By whom issued and signed: St. Alphonsus Record-Boise, Ida.	Date Issued: Oct. 24, 1955	Date Orig. Entry: March 26, 1951
Class B	Date of Birth: Age 62 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Verna Reisch	Date Filed: July 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 18 1956

753-212-035-919

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D56-794
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Era Jane Pettijohn		2. Date of Birth (month) June (day) 12 (year) 1889	
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Nez Perce County, Idaho	b. City or Town of Birth: Six miles South of Lewiston
FATHER	6. Full Name of Father: Dyer Burgess Pettijohn		7. State or Country of Father's Birth: Brown County, Ohio.	
MOTHER	8. Full Maiden Name of Mother: Mary Catherine Rainwater		9. State or Country of Mother's Birth: Hannibal, Missouri, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Era Jane Pettijohn	11. Present Address of Registrant: Buhl, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on July 31 1956	12. Signature of Notary: Estella B. Mullinger ~~Era Jane Pettijohn~~	13. Notary Commission expires: March 5 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family History Book (page 109)	By whom issued and signed: Copyright 1948	Date Issued: 1948	Date Orig. Entry: 1948
Class*	Date of Birth: June 12,1889 / Birth Place: Nez Perce County Idaho	Full Name of Mother: Mary Catherine Rainwater	Name of Father: Dyer Burgess Pettijohn	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Brother	By whom issued and signed: C. A. Pettijohn	Date Issued: 11-14-1955	Date Orig. Entry: 11-14-1955
Class	Date of Birth: June 12,1889 / Birth Place: Idaho Nez Perce County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Certificate	By whom issued and signed: on File Vital Statistics Idaho, File # 67768	Date Issued:	Date Orig. Entry: April 23,1919
Class	Date of Birth: Age 29 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: July 31, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

AUG 1 1956

255-129-016-316

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1054
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nephi Albert Bennett		2. Date of Birth (month) July (day) 29 (year) 1889	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: John George Bennett		7. State or Country of Father's Birth: BeanfordMammoth England	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Laws		9. State or Country of Mother's Birth: Gwineyville Durham England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: nephi albert Bennett	11. Present Address of Registrant: 293 North 2nd West Malad, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on October 5 19 56	12. Signature of Notary: Alyce Jones	13. Notary Commission expires January 5 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: State of Idaho-199345	Date Issued: Jan. 22, 1932	Date Orig. Entry
Class* B	Date of Birth: Age 41 / Birth Place: Albion, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census Washington, D. C.	Date Issued: Oct. 4, 1956	Date Orig. Entry
Class B	Date of Birth: July 29, 1889 / Birth Place: Albion, Idaho	Full Name of Mother: Elizabeth Ann Laws	Name of Father: John George Bennett	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend	By whom issued and signed: T. H. Williams	Date Issued: Oct. 5, 1956	Date Orig. Entry
Class B	Date of Birth: July 29, 1889 / Birth Place: Albion, Idaho	Full Name of Mother: Elizabeth Ann Laws Bennett	Name of Father: John George Bennett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joan Mowery	Date Filed: Oct. 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 10 1956

Henri Albert Bennett

White | Male | Cassia

Albion

John George Bennett

Elizabeth Ann Lewis

July 29 1884

Bennett Engineering Company

Boise, Idaho

912-223-022-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1195
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Canilla Rasmussen
2. Date of Birth (month) July (day) 23 (year) 1889
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lyman Idaho, b. City or Town of Birth: Freemont

FATHER

6. Full Name of Father: Paul Rasmussen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Martha Elizabith Gilbrith
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Mary R. Hayes
11. Present Address of Registrant: Greenough Montana

NOTARY (Seal)

Subscribed and sworn to before me on July 13th 1956
12. Signature of Notary: Bertha M. Sullivan
13. Notary Commission expires April 6 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Cousin	Margaret Ann Meng	July 19,	1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23, 1889			

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Washington 25, D.C. Bureau of the Census	Oct.17,56	Census of 1900 June 1

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1889	Idaho	Martha Rasmussen	Paul Rasmussen

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Anaconda, Montana L.D.S. Church	Aug.31,56	Sept.13,1897

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23, 1889	Lyman, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Wilson	Oct. 30,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 30 1986

553-117-021-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-038

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enoch Nelson			2. Date of Birth (month) Oct. (day) 17 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Mink Creek (Idaho state)
FATHER	6. Full Name of Father: Peter Nelson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Margret Hausner			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Enoch Nelson		11. Present Address of Registrant: Clifton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 24, 1956	12. Signature of Notary: Ted E. Stillers		13. Notary Commission expires: 8-4-1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: University of Wyoming	Date Issued:	Date Orig. Entry: June 18,1917
	Date of Birth: Oct. 17, 1889	Birth Place: Mink Creek,Ida.	Full Name of Mother:	Name of Father: Peter Nelson
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Sophie N. Wilde	Date Issued: 1/4/1957	Date Orig. Entry:
	Date of Birth: Oct. 17, 1889	Birth Place: Mink Creek, Idaho	Full Name of Mother: Margret Hausner	Name of Father: Peter Nelson
SUPPORTING RECORD 3.	Type of Document: Daughter's birth cert.	By whom issued and signed: Utah #575	Date Issued:	Date Orig. Entry: Child born on Aug. 17, 1924
	Date of Birth: age 34	Birth Place: Mink Creek, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ss Shirley Straubhar	Jan. 15, 1957

FORM BH 56067

JAN 16 1957

751-114-029-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-355

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd H. Pea		2. Date Of Birth (month) May (day) 14 (year) 1889	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Thomas J. Pea		7. State or Country of Father's Birth: State of Kentucky	
MOTHER	8. Full Maiden Name of Mother: Alice Sigler		9. State or Country of Mother's Birth: Marysville, California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd H Pea	11. Present Address of Registrant: 317-5th St., Lewiston, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on February 20th 19 57.	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 10th 19 57.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Alice S. Pea	Date Issued: 2-21-57	Date Orig. Entry:
	Date of Birth: May 14 1889 / Birth Place: Latah County Genesee, Idaho	Full Name of Mother: Alice Sigler Pea	Name of Father: Thomas J. Pea	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Lewiston Lodge No. 896, Elks Lewiston, Idaho	Date Issued: 2-19-57	Date Orig. Entry: June 20, 1946
	Date of Birth: May 14, 1889 / Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance policy	By whom issued and signed: Mutual Life Insurance Company of New York	Date Issued: 11-13-36	Date Orig. Entry: 11-13-36
	Date of Birth: May 14, 1889 / Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. L. Benson	Evidence reviewed by: Nancy Richards	Date Filed: 4-4-57

FORM BH 56067

APR 8 1957

Name of father: Thomas J. Pea

Maiden name of mother: Alice Sigler

Place of birth: Caldwell, Idaho

State or country of father's birth: State of Kentucky

State or country of mother's birth: Marysville, California

Date filed: 2-21-57

Date issued: 11-13-56

Date filed: 4-4-57

353-213-029-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-383
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Dorathea Tetzlaff		2. Date of Birth (month) February (day) 13, (year) 1889	
	3. Color or Race: white	4. Sex: fe	5. Place of Birth a. County: Near Kendrick, Idaho- Latah	b. City or Town of Birth: Kendrick, Idaho
FATHER	6. Full Name of Father: Aron Tetzlaff		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Wilhemine Schanrock		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Laura Fredrickson	11. Present Address of Registrant: Craigmont, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 21, 1957 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: October 25, 1960 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: P. Gooschupf- Pastor Cameron, Idaho	Date Issued:	Date Orig. Entry: Sept. 1890
Class* A	Date of Birth: Feb. 13, 1889 / Birth Place: Latah Co., Idaho	Full Name of Mother: Wilhelmine Schanrock	Name of Father: Aron Tetzlaff	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: NO. 90 Twin City Rebekah Lodge Craigmont, Idaho	Date Issued: 12-20-56	Date Orig. Entry: 3-1-45
Class B	Date of Birth: Feb. 13, 1889 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Own Child's Delayed Birth Certificate	By whom issued and signed: on file -Vital Statistics Idaho #339622	Date Issued: 3-28-1942	Date Orig. Entry: Child born May 12, 1909
Class	Date of Birth: Age 20 / Birth Place: Kendrick, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: SS Joyce B. Foltz	Date Filed: April 10, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 11 1957

REGISTRANT

1. Registrant's Full Name at Birth: [illegible] Retzlaff

2. Date of Birth (Month) (Day) (Year): February 13, [illegible]

3. Color or Race: White
4. Sex: Fe
5. Place of Birth: Near Kendrick, Idaho- Latah
6. City or Town of Birth: Kendrick, Idaho

FATHER

6. Full Name of Father: Arno Retzlaff
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Wilhelmine [illegible]
9. State or Country of Mother's Birth: Germany

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible], Idaho

Subscribed and sworn to before me on February 21, 1957
12. Signature of Notary: [illegible]
13. Notary Commission expires: October 25, 1960

NOTE: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: Sept. [illegible]
	Date of Birth, Birth Place	Full Name of Mother: [illegible]	Name of Father	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 12-[illegible]-56	Date Orig. Entry: [illegible]
Class	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Own Child's Delayed Birth Certificate	By whom issued and signed: on File -Vital Statistics Idaho #39622	Date Issued: 8-28-1942	Date Orig. Entry: Child born May 12, 1909
Class	Date of Birth, Birth Place: Age 20 Kendrick, Idaho	Full Name of Mother	Name of Father	

QUALIFYING STATEMENT

STATE REGISTRAR'S CERTIFICATION: I [illegible] no prior birth certificate has been found in the files of Vital Statistics, [illegible] that documentary evidence has been reviewed which substantiates the facts as set forth in the application.

State Registrar: [illegible] Bonsell
Evidence reviewed by: Joyce B. Folts
Date Filed: April 10, 1957

815-126-004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-483

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Peter Thompson Hansen		2. Date Of Birth (month) Jan. (day) 26 (year) 1889	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bloomington Ida. Bear Lake (Bear)	b. City or Town of Birth: Bloomington
FATHER	6. Full Name of Father: Hans Peter Hansen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Ingar Anna Thompson		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Peter Thompson Hansen	11. Present Address of Registrant: Preston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Apr 30 1957	12. Signature of Notary: [illegible]	13. Notary Commission expires: May 1 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Preston 7th Ward, Oneida Stake, LDS Church	Date Issued: 7-31-56	Date Orig. Entry: June 5, 1898
	Date of Birth: Jan. 26, 1889	Birth Place: Bear Lake Co. Bloomington, Ida.	Full Name of Mother: Inger Thompson	Name of Father: Hans P. Hansen
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Ins. Co. Los Angeles, Calif.	Date Issued: 5-25-34	Date Orig. Entry: May 15, 1934
	Date of Birth: Jan. 26, 1889	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #122941	Date Issued:	Date Orig. Entry: child born May 9, 1924
	Date of Birth: age 35	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: May 7, 1957

FORM BH 56067

MAY 27 1957

313-212-008-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois May Talley			2. Date of Birth (month) (day) (year): September 12, 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Boise County	b. City or Town of Birth:
FATHER	6. Full Name of Father: Wesley Alman Talley			7. State or Country of Father's Birth: Illinois, at Rochelle
MOTHER	8. Full Maiden Name of Mother: Emma Kate White			9. State or Country of Mother's Birth: Indiana, ar Bethel
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois May Talley		11. Present Address of Registrant: Montour, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 10th 19 57	12. Signature of Notary: J. P. Read		13. Notary Commission expires: February 17, 19 60.

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: FAMILY BIBLE RECORD	By whom issued and signed:	Date Issued:	Date Orig. Entry: OBVIOUSLY OLD
	Date of Birth: September 1	Birth Place: 889	Full Name of Mother: Emma K. White	Name of Father: Wesley A. Talley
SUPPORTING RECORD 2.	Type of Document: Age 76 AFFIDAVIT BY BROTHER	By whom issued and signed: GILBERT H. TALLEY	Date Issued: April 23,1957	Date Orig. Entry:
	Date of Birth: Sept 12,1889	Birth Place: BOISE CO. DRY BUCK,IDAHO	Full Name of Mother: EMMA KATE WHITE	Name of Father: WESLEY ALMAN TALLEY
SUPPORTING RECORD 3.	Type of Document: U.S. CENSUS RECORD	By whom issued and signed: BUREAU OF CENSUS	Date Issued: 10-16-53	Date Orig. Entry: Census of 1900
	Date of Birth: Sept 1889	Birth Place: Idaho	Full Name of Mother: Emma K. Talley	Name of Father: Wesley A. Talley
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: May 13, 1957

FORM BH 56067

MAY 13 1957

[illegible]

[illegible]

[illegible]

168-206-016-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-848

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Blanche Joyner			2. Date of Birth (month) Feb. (day) 6, (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Lee Marion Joyner			7. State or Country of Father's Birth: Louisiana
MOTHER	8. Full Maiden Name of Mother: Stella Maude Adams			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lena Blanche Marier		11. Present Address of Registrant: 4411 - 46th Ave. S. W. Seattle 16, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1957	12. Signature of Notary: Melvin T. Swanson		13. Notary Commission expires: Dec 16 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 80, present at birth	By whom issued and signed: Josephine Work	Date Issued: 8-16-57	Date Orig. Entry:
	Date of Birth: Feb. 6, 1889	Birth Place: Oakley, Idaho	Full Name of Mother: Stella Maude Joyner, nee Adams	Name of Father: Lee Marion Joyner
SUPPORTING RECORD 2.	Type of Document: Savings Account Record	By whom issued and signed: Washington Mutual Savings Bank, Seattle, Washington	Date Issued: 8-16-57	Date Orig. Entry: Jan. 5, 1952
	Date of Birth: Feb. 6, 1889	Birth Place: Oakley, Idaho	Full Name of Mother: Stella M. Adams	Name of Father: Lee M. Joyner
SUPPORTING RECORD 3.	Type of Document: Voting Registration Record	By whom issued and signed: Precinct #282 Seattle, Washington	Date Issued: 4-8-57	Date Orig. Entry: Oct. 16, 1928
	Date of Birth: age 39	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	August 27, 1957

FORM BH 56067 1 copy mailed

AUG 7 1957

819-214-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-868

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Harrop			2. Date of Birth (month) (day) (year): March 14 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Menan (then Fremont County)	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Edward John Harrop			7. State or Country of Father's Birth: Spanish Fork, Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Thomas			9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Minnie Harrop Searle	11. Present Address of Registrant: Route #1, Lorenzo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 22, 1957 19 ___		12. Signature of Notary: Don C. Archibald	13. Notary Commission expires: November 1, 1959 19 ___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 79	By whom issued and signed: Mary S. Walker	Date Issued: 6-24-57	Date Orig. Entry:
	Date of Birth: March 14, 1889 / Birth Place: (then Fremont Co., Menan, Idaho	Full Name of Mother: Harriet Thomas	Name of Father: Edward John Harrop	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 8-7-57	Date Orig. Entry: June 1, 1900
	Date of Birth: March 1889 (age 11) / Birth Place: Idaho	Full Name of Mother: Harriet Harrop	Name of Father: Edward J. Harrop	
SUPPORTING RECORD 3.	Type of Document: College Transcript	By whom issued and signed: Ricks College, Rexburg, Idaho	Date Issued: 3-10-51	Date Orig. Entry: summer of 1925 Oct. 26, 1950 (transcript date)
	Date of Birth: March 14, 1889 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards		Date Filed: Aug. 29, 1957

FORM BH 56067 1 copy paid

AUG 30

Male Garrop

Male Female | Franklin (Franklin County) Idaho

Edward John Garrop

Spanish Fork, Utah

Parrish Thomas

Ogden, Utah

Route #2, Lorenzo, Idaho

Nov. 2, 1927 | Nov. 2, 1927 | November 1, 1928

Edward John Garrop

Aug. 29, 1922

314-119-025-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-228

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorenzo Campbell			2. Date Of Birth (month) Aug. (day) 19 (year) 1889
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Long Valley, Idaho	b. City or Town of Birth: Long Valley, Idaho
FATHER	6. Full Name of Father: Levi N. Campbell			7. State or Country of Father's Birth: Penn.
MOTHER	8. Full Maiden Name of Mother: Lucinda F. Campbell			9. State or Country of Mother's Birth: North Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorenzo Campbell		11. Present Address of Registrant: Bonduran, Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: 4 March 1958	12. Signature of Notary: Elva Y. Nielsen		13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record (photostat)	By whom issued and signed: original viewed by Notary Public, Elva Y. Nielsen;	Date Issued: 3-4-58	Date Orig. Entry: old record
	Date of Birth: Aug. 19, 1889	Birth Place: ---	Full Name of Mother: Lucinda F. Campbell (maiden name also)	Name of Father: Ogden, Utah Levi N. Campbell
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Cache County, Utah	Date Issued: 3-1-58	Date Orig. Entry: Dec. 3, 1913
	Date of Birth: age 24	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #24739	Date Issued:	Date Orig. Entry: child born Sept. 16, 1914
	Date of Birth: age 25	Birth Place: Long Valley, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Nancy Richards	March 18, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 18 1950

1. Registrant's full name at birth		2. Date of birth (month) (day) (year)	
3. Mother's maiden name	4. Place of birth	5. Sex	
6. Father's name		7. Place of birth	
8. Maiden name of Mother		9. Place of birth	
10. Signature of Registrant		11. Present address of Registrant	
12. Signature of Notary		13. Notary Commission expires	
Type of Document	Date issued	Date orig. Reg.	
Type of Document	Date issued	Date orig. Reg.	
Type of Document	Date issued	Date orig. Reg.	
Type of Document	Date issued	Date orig. Reg.	

415415-029-943

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Byard W. Davidson		2. Date Of Birth (month) October (day) 15 (year) 1889	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Latah	b. City or Town of Birth: Kendrick, Idaho
FATHER	6. Full Name of Father: Joseph Davidson		7. State or Country of Father's Birth: Prov. Novia Scotia, Canada	
MOTHER	8. Full Maiden Name of Mother: Margaret Rutherford		9. State or Country of Mother's Birth: Prov. Novia Scotia, Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Byard W. Davidson	11. Present Address of Registrant: Colton, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 19 58	12. Signature of Notary: Robert C. Magnuson	13. Notary Commission expires: December 9, 19 59	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Western Union Life Ins. Co.	Date Issued: 3-21-19	Date Orig. Entry: March 21, 1919
	Date of Birth: Oct. 15, 1889	Birth Place: Latah Co. Kendrick, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth (born in 1875)		By whom issued and signed: Liddie Ameling	Date Issued: 4-1-58	Date Orig. Entry:
	Date of Birth: Oct. 15, 1889	Birth Place: Kendrick, Idaho	Full Name of Mother: Margaret Rutherford Davidson	Name of Father: Joseph Davidson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Washington #159	Date Issued: 9-10-48	Date Orig. Entry: child born April 26, 1925
	Date of Birth: age 35	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
J. W. Benson	Nancy Richards	April 21, 1958

FORM BH 56067

APR 21 1950

719-231-036-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-832

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Parry			2. Date of Birth (month) October (day) 31, (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida Co.	b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: Thomas Parry			7. State or Country of Father's Birth: Ely, Wales
MOTHER	8. Full Maiden Name of Mother: Sarah Hannah Knifton			9. State or Country of Mother's Birth: Scranton, Penn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Parry (Ward)		11. Present Address of Registrant: Route #1, Box 164 Malad, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 15 1958	12. Signature of Notary: Jas. B. Jones		13. Notary Commission expires: Nov. 20 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Malad Stake, Malad Ward LDS Church	Date Issued: 4-3-58	Date Orig. Entry: Aug. 13, 1899
	Date of Birth: Oct. 31, 1889	Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Sarah Hannah Knifton	Name of Father: Thomas Parry
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: #1092 Sanpete County, Utah	Date Issued: 4-5-58	Date Orig. Entry: July 13, 1915
	Date of Birth: age 25	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: 3-20-25	Date Orig. Entry: 3-12-25 & 3-17-25
	Date of Birth: Oct. 31, 1889	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. U. Bennett	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 16, 1958

FORM BH 56067

OCT 17 1988

381-219-028-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-875

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kittie Irene Chambard			2. Date of Birth (month) Sept. (day) 19 (year) 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rathdrum(Kootenai) Idaho	b. City or Town of Birth: Rathdrum, Idaho
FATHER	6. Full Name of Father: Louis Chambard			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Emma C. Allen			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Kittie Irene Eplin	11. Present Address of Registrant: Box 32 Rathdrum, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 14th 1958		12. Signature of Notary: Kenneth F. Hess	13. Notary Public for the State of Idaho residing at Rathdrum, Idaho. My Commission Expires Jan. 25, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 12, 1943
	Date of Birth: Sept. 19, 1889	Birth Place: Kootenai Co. Rathdrum, Idaho	Full Name of Mother: Emma Cora Allen	Name of Father: Louis Chambard
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Spokane County, Washington	Date Issued: 8-28-58	Date Orig. Entry: Dec. 16, 1925
	Date of Birth: age 36	Birth Place: Idaho	Full Name of Mother: ---- Allen	Name of Father: Louis Chambard
SUPPORTING RECORD 3.	Type of Document: Affidavit by son of School Dist. Clerk concerning school record	By whom issued and signed: J. I. Lagers, Lewiston, Ida. re: Teacher's Register, Dist. #15, Kootenai Co., Ida.	Date Issued: 10-21-58	Date Orig. Entry: spring term ending 7-9-1897
	Date of Birth: age 7	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Oct. 31, 1958

FORM BH 56067

Special Boundary Report

Treasurer Dept.

Yakima County, Washington

Nov. 16, 1953

Nov. 16, 1953

Nov. 16, 1953

Nov. 16, 1953

Nov. 22, 1953

263f 09-029-552

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-878

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin J. Bolander			2. Date of Birth (month) Sept. (day) 9 (year) 1889
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Andrew Bolander			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Kisti Neberg			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin J. Bolander		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on June 12 1957	12. Signature of Notary: Elsa Curry		13. Notary Commission expires: May 29 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 21, 1952
	Date of Birth: Sept. 9, 1889	Birth Place: Latah Co. Moscow, Idaho	Full Name of Mother: Kisti Neberg	Name of Father: Andrew Bolander
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: original viewed by Elsa Curry, Notary Public, Santa Clara Co., Calif.	Date Issued: 10-27-58	Date Orig. Entry: obviously old
	Date of Birth: Sept. 9, 1889	Birth Place: Moscow, Idaho	Full Name of Mother: Kerstin Bolander (born-Sweden)	Name of Father: Anders Bolander (born-Sweden)
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: (Lewiston, Idaho) Nez Perce County Clerk, Idaho	Date Issued: 5-8-58	Date Orig. Entry: March 6, 1913
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 3, 1958

FORM BH 56067 3

NOV 3

635-204-029-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-118
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Elizabeth Fleming		2. Date of Birth (month) April (day) 4 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho / Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Corwin Delbert Fleming		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Fannie Eloine Bardeen		9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence E. Cypres	11. Present Address of Registrant: 4709 40th Ave. N. E. Seattle 5, Washington.	
NOTARY (Seal)	Subscribed and sworn to before me on December 12 19 58	12. Signature of Notary: Leo M. Mattie	13. Notary Commission expires February 25 19 61	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 12-8-58	Date Orig. Entry: June 1, 1900
Class* B	Date of Birth: April 1889 (age 11) / Birth Place: Idaho	Full Name of Mother: Fannie Fleming	Name of Father: Corwin D. Fleming	
SUPPORTING RECORD 2.	Type of Document: Employment Record--photostat	By whom issued and signed: University of Washington	Date Issued: notarized 1-12-59	Date Orig. Entry: May 3, 1950
Class B	Date of Birth: April 4, 1889 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Historical Record--photostat	By whom issued and signed: President, Yakima Valley Museum & Historical Assoc.; Yakima, Wash.	Date Issued: 2-2-59	Date Orig. Entry: Sept. 25, 1946
Class B	Date of Birth: April 4, 1889 / Birth Place: Genessee, Idaho	Full Name of Mother: (maiden name-Fannie Eloine Bardeen) Fannie E. Fleming	Name of Father: Corwin D. Fleming	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 13, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 13 1969

REGISTRANT

1. Name of Birth: Florence Elizabeth Fleming

2. Date of Birth (month): April (day): 4 (year): 1889

3. Sex: Female

4. Color or Race: White

5. Place of Birth: Idaho

6. County: Latah

7. City or Town of Birth: Genesee

FATHER

8. Full Name of Father: George Herbert Fleming

9. State or Country of Father's Birth: Iowa

MOTHER

10. Full Maiden Name of Mother: Josephine Bardeen

11. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: Florence E. Gurnsey

13. Present Address of Registrant: 4700 40th Ave. N. E. Seattle 5, Washington.

NOTARY

Subscribed and sworn to before me on December 12 19 58

14. Signature of Notary: [illegible]

15. Notary Commission expires: February 25 19 61

SUPPORTING RECORD 1.

Document: Certificate of Birth

Date issued: 12-8-58

By whom issued and signed: [illegible]

Date filed: June 1, 1900

Date of Birth: Birth Place: Full Name of Mother: Name of Father:

SUPPORTING RECORD 2.

Document: Delayed Record—Certificate of Birth

Date issued: 1-12-59

By whom issued and signed: [illegible]

Date orig. filed: [illegible]

Date of Birth: Birth Place: Full Name of Mother: Name of Father:

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Seal (seal)

Registrar: Evidence reviewed by: Date Filed

*Class A Records are those made and filed before the 8th anniversary (fourth birthday).
Class B Records are those made and filed after the 8th anniversary (fourth birthday) but before at least 8 years old.

Form 800 1965

212-206-007-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carolyn Baker		2. Date Of Birth (month) Sept. (day) 6 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hailey Idaho Blaine	b. City or Town of Birth
FATHER	6. Full Name of Father: Louis James Baker		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Caroline Christine		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carolyn Baker Bellur	11. Present Address of Registrant: 1406 S. 5th East Salt Lake City 5, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: September 25 1958	12. Signature of Notary: [illegible]	13. Notary Commission expires: 6-17 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: United Insurance Company of Chicago, Illinois	Date Issued:	Date Orig. Entry: Aug. 5, 1948
	Date of Birth: Sept. 6, 1889 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Mark's Hospital Salt Lake City, Utah	Date Issued: 9-8-58	Date Orig. Entry: February, 1952
	Date of Birth: age 62 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 79	By whom issued and signed: Bertha Baker Loving	Date Issued: 11-28-58	Date Orig. Entry:
	Date of Birth: Sept. 6, 1889 / Birth Place: Hailey, Idaho	Full Name of Mother: Caroline Christine Baker	Name of Father: Louis James Baker	
QUALIFYING INFORMATION	Physician's Record, Martin C. Lindem, M.D., Salt Lake City; 9-5-58: age 52 as of Oct. 15, 1941. own child's birth certificate #321134-Idaho: age 19 as of May 13, 1909; born-Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: April 20, 1959

FORM BH 56067

APR 20 1959

799-128-016-569

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-418
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Pratt Price		2. Date of Birth (month) May (day) 28 (year) 1889	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: John Nelson Price		7. State or Country of Father's Birth: Salt Lake County, Utah	
MOTHER	8. Full Maiden Name of Mother: Margery Ann North		9. State or Country of Mother's Birth: Salt Lake County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Pratt Price	11. Present Address of Registrant: 640 I. St., Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 29, 1959	12. Signature of Notary: Clara F. Jenkins	13. Notary Commission expires: March 17, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Arton D. Orchard, Bishop of 7th Ward, N. Idaho Falls Stake, LDS Church.	Date Issued: 4-30-59	Date Orig. Entry: Aug. 1, 1889
Class* A	Date of Birth: May 28, 1889 / Birth Place: Cassia Co. Oakley, Idaho	Full Name of Mother: Margery Ann North	Name of Father: John Nelson Price	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time (born 1-25-1878)	By whom issued and signed: of birth, Minnie D. Martindale	Date Issued: 4-29-59	Date Orig. Entry:
Class B	Date of Birth: May 28, 1889 / Birth Place: Cassia Co. Oakley, Idaho	Full Name of Mother: Margery Ann North	Name of Father: John Nelson Price	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: California-Western States Life Ins. Co.	Date Issued:	Date Orig. Entry: Nov. 20, 1939
Class B	Date of Birth: May 28, 1889 / Birth Place: Casia Co., Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION	own child's birth certificate, Idaho #245904: age 47 as of July 24, 1936; born- Oakley, Idaho.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	May 15, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

MAY 15 1969

789-214-045-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-589

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Laura Phillips			2. Date Of Birth (month) (day) (year): August 14, 1889
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Alturus	b. City or Town of Birth: Soldier
FATHER	6. Full Name of Father: Robert Burton Phillips			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Sarah Severe			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Laura Nester		11. Present Address of Registrant: 2129 Wilson Ave Salt Lake City
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics, Idaho #27306	Date Issued:	Date Orig. Entry: Child born July 23, 1914
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 86	By whom issued and signed: Nina Kelly	Date Issued: 6-9-59	Date Orig. Entry:
	Date of Birth: Aug. 14, 1889	Birth Place: Soldier, Idaho	Full Name of Mother: Sarah Severe Phillips	Name of Father: Robert Burton Phillips
SUPPORTING RECORD 3.	Type of Document: Application for Membership (copy)	By whom issued and signed: Gooding-Lincoln County Benevolent Society #232	Date Issued:	Date Orig. Entry: July 29, 1936
	Date of Birth: Aug. 14, 1889	Birth Place: Soldier, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION	Insurance Application, Bankers Life & Casualty Co.; 8-23-54: born Aug. 14, 1889.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: ses nr Nancy Richards		Date Filed: July 14, 1959

FORM BH 56067

JUL 14 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (Print)	2. Sex	3. Date of birth (Month, day, year)
Jane Doe	Female	August 24, 1962
4. Place of birth (County)	5. Hospital or place of birth	6. Mother's maiden name
Bonneville	Idaho Falls	Sally Smith
7. Father's name	8. Mother's birthplace (State or country)	9. Father's birthplace (State or country)
John Doe	Idaho	Idaho
10. Mother's mailing address	11. Father's address	
Rural Route 2	Same	

AFFIDAVIT — To be signed by person who can swear to the facts stated herein.

I, Jane Doe, being duly sworn, do hereby swear that the above statements are true to the best of my knowledge and belief.

Signature of affiant: Jane Doe

Subscribed and sworn to before me on 12. Signature of Notary: [illegible]

Notary Public for Idaho. My commission expires: [illegible]

SUPPORTING RECORD 1: Baptismal certificate, St. Mary's Church, Idaho Falls, Idaho. Date issued: 8-1-62. Name of Pastor: Father Philip.

SUPPORTING RECORD 2: Affidavit of Mrs. Sally Smith, age 30, Rural Route 2, Idaho Falls, Idaho. Date issued: 8-1-62. Name of Pastor: Father Philip.

SUPPORTING RECORD 3: Affidavit of Mr. John Doe, age 32, Rural Route 2, Idaho Falls, Idaho. Date issued: 8-1-62. Name of Pastor: Father Philip.

SUPPLEMENTARY INFORMATION: Insurance Application, Western Life's Insurance Co.; 1-22-63; born Aug. 24, 1962.

REGISTRAR'S CERTIFICATION: I hereby certify that on the above-named date I filed in the Division of Vital Statistics for this county and state the documentary evidence and data recorded which substantiate the facts of and born in the [illegible]

Registrar: [illegible] Evidence reviewed by: [illegible] Date filed: July 24, 1962

Form BH 8007

713-201-036-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-656

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura May Packer		2. Date Of Birth (month) June (day) 1 (year) 1889	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: James Packer		7. State or Country of Father's Birth: Salt Lake City, Utah.	
MOTHER	8. Full Maiden Name of Mother: Celia Perkins		9. State or Country of Mother's Birth: Franklin, Idaho.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura May Packer Johnson	11. Present Address of Registrant: 2359 Jackson Avenue, Ogden, Utah.	
NOTARY (Seal)	Subscribed and sworn to before me on June 9th, 19 59.	12. Signature of Notary: A M Gandy	13. Notary Commission expires: Nov. 29, 19 62.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 5-5-59	Date Orig. Entry: June 1, 1897
	Date of Birth: June 1, 1889 / Birth Place: Franklin, Idaho	Full Name of Mother: Celia Perkins	Name of Father: James Packer	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth, age 81, Stella N. Wright	By whom issued and signed:	Date Issued: 6-9-59	Date Orig. Entry:
	Date of Birth: June 1, 1889 / Birth Place: Oneida Co, Franklin, Idaho	Full Name of Mother: Celia Perkins Packer	Name of Father: James Packer	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #46662	Date Issued:	Date Orig. Entry: child born Dec. 8, 1916
	Date of Birth: age 27 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Operator's License, Idaho #222963; issued 12-19-41: born June 1, 1889.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards nr		Date Filed: Aug. 11, 1959

FORM BH 56067

AUG 11 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Full name at birth: [illegible]	2. Date of birth: June 7	3. Sex: F
	4. Place of birth: [illegible]	5. City or town of birth: [illegible]	
	6. Full name of father: [illegible]	7. State or country of father's birth: Salt Lake City, Utah.	
MOTHER	8. Full maiden name of mother: [illegible]	9. State or country of mother's birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the foregoing statements are true to the best of my knowledge and belief.	10. Signature of applicant: [illegible]	11. Present address of applicant: [illegible]
	Subscribed and sworn to before me	12. Notary Commission expires: Nov. 20, 19	
	AFFIDAVIT — Birth certificate not on file		
	13. Place of birth: [illegible]	14. Name of hospital: [illegible]	Date issued / Date orig. entry
	15. Birth place: Franklin, Idaho	16. Name of doctor: Delia Jardine	17. Name of father: James Foster
SUPPORTING RECORD	18. Type of document attached by [illegible]	19. Where issued and signed: [illegible]	Date issued: 6-9-59
	Date of issuance: June 1, 1959	Franklin County Franklin, Idaho	Full name of mother: Delia Jardine
	Type of Documents: [illegible]	20. Where issues are signed: Franklin County Franklin, Idaho	Date issued: June 1, 1959
	Date of birth of other: [illegible]	Full name of mother: —	Name of father: —
OFFICIAL USE ONLY	Mother's license, Idaho 222-[illegible]; issued 20-1-[illegible]; date June 1, 1959.		
	I hereby certify that no other birth certificate has been found in the division of vital statistics for this [illegible], and that sufficient evidence has been received, after substitution, the facts as set forth in the foregoing abstract.		
	Registrar	Evidence received by: Joyce Richards	Date filed: June 22, 1959

265-123-007-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-817

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WALTER JOSEPH BONNING			2. Date of Birth (month) April (day) 23 (year) 1889
	3. Color or Race: White	4. Sex: male	5. Place of Birth: a. County: Blaine	b. City or Town of Birth: Ketchum, Idaho
FATHER	6. Full Name of Father: James Henry Bonning			7. State or Country of Father's Birth: Albany, New York
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Morrell			9. State or Country of Mother's Birth: Greenville, California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Joseph Bonning		11. Present Address of Registrant: Gooding, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 17, 19 59	12. Signature of Notary: [illegible]		13. Notary Commission expires November 1 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend at time of birth	By whom issued and signed: (at least ten yrs. older) James F. McCoy	Date Issued: 7-10-59	Date Orig. Entry:
	Date of Birth: April 23, 1889	Birth Place: Ketchum, Idaho	Full Name of Mother: Mary Ellen Morrell Bonning	Name of Father: James Henry Bonning
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Occidental Life Ins. Co.	Date Issued:	Date Orig. Entry: July 26, 1934
	Date of Birth: April 23, 1889	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Magic Valley Memorial Hosp. Twin Falls, Idaho	Date Issued: 9-23-59	Date Orig. Entry: Oct. 17, 1949
	Date of Birth: age 60	Birth Place: Ketchum, Idaho	Full Name of Mother: ---	Name of Father: James H. Bonning

QUALIFYING INFORMATION

Lodge Record, Alturas Lodge No. 13 I.O.O.F., Ketchum, Idaho; 7-15-59: age 22 as of May 27, 1911. Marriage Record, Blaine Co., Ida.; 9-18-59: age 24 as of 8-20-1913.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Denson	nr Nancy Richards	Oct. 8, 1959

FORM BH 56067

1 copy paid

OCT 8 1969

388-211-003-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY CLEOPHA CHRISTENSEN		2. Date Of Birth (month) February (day) 11 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Neeley, Ida. Bannock	b. City or Town of Birth: Neeley, Idaho
FATHER	6. Full Name of Father: JOHN CHRISTENSEN		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: ANNIE CASSANDRA CALVERT		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Cleopha Christensen Ralphs	11. Present Address of Registrant: 248 Arthur American Falls, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: December ~~7~~ 16 1959	12. Signature of Notary: Virginia H. Keller	13. Notary Commission expires: My Commission Expires 19 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism	By whom issued and signed: American Falls Ward, American Falls Stake, LDS Church	Date Issued: 11-29-59	Date Orig. Entry: June 6, 1897
	Date of Birth: Feb. 11, 1889 / Birth Place: Neeley, Idaho	Full Name of Mother: Anna Calvert	Name of Father: John Christensen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at birth	By whom issued and signed: (11 yrs. older) Elizabeth Stanger Woodland	Date Issued: 12-3-59	Date Orig. Entry:
	Date of Birth: Feb. 11, 1889 / Birth Place: Neeley, Idaho	Full Name of Mother: Annie Cassandra Calvert Christensen	Name of Father: John Christensen	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #26324	Date Issued:	Date Orig. Entry: child born Sept. 3, 1914
	Date of Birth: age 25 / Birth Place: Neeley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Jan. 11, 1960

FORM BH 56067 12-1-59 one copy paid #18057

JAN 11 1960

12-1-59 one copy paid $18051

814-122-003-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard Hadley			2. Date of Birth (month) February (day) 22 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Swan Lake, Bannock, Idaho	b. City or Town of Birth: Swan Lake, Idaho
FATHER	6. Full Name of Father: Richard Hadley			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Lucy Celestia Quigley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Willard Hadley	11. Present Address of Registrant: Swan Lake, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 20, 19 58		12. Signature of Notary: Russell J. Hyde	13. Notary Commission expires: May 4, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Swan Lake, Pontneuf Stake LDS Church	Date Issued: 5-18-58	Date Orig. Entry: Feb. 26, 1938
	Date of Birth: Feb. 22, 1889	Birth Place: Bannock Co. Swan Lake, Idaho	Full Name of Mother: Lucy Quigley	Name of Father: Richard Hadley
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #49-01745	Date Issued:	Date Orig. Entry: child born Feb. 5, 1949
	Date of Birth: age 59	Birth Place: Swan Lake, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle, age 90	By whom issued and signed: John Hawes	Date Issued: 2-12-60	Date Orig. Entry:
	Date of Birth: Feb. 22, 1889	Birth Place: Bannock Co. Swan Lake, Idaho	Full Name of Mother: Lucy Celestia Quigley Hadley	Name of Father: Richard Hadley
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards nr	Date Filed: 2-17-60

FORM BH 56067

FEB 17 1960

845130-016-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-216

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hyrum Lowell Hunter			2. Date Of Birth (month) May (day) 30 (year) 1889
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Hyrum L. Hunter Hyrum Lowell Hunter			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elsie Ann Hudson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Oct. 15th 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires Feb 8 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family bible record	By whom issued and signed: --	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: May 30, 1889	Birth Place: Oakley, Idaho	Full Name of Mother: Elsie Hudson	Name of Father: Hyrum L. Hunter
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #85199	Date Issued: ----	Date Orig. Entry: child born Aug. 1, 1920
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Application	By whom issued and signed: Capitol Life Insurance Co. Of Colorado	Date Issued: ----	Date Orig. Entry: Sept. 9, 1916
	Date of Birth: May 30, 1889	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: la Penny L. Wing	Date Filed: March 7, 1961

FORM BH 56067

MAR 7 1961

319105-044-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Stanley Carter			2. Date of Birth (month) 8 (day) 5 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Weiser, Idaho	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: William George Carter			7. State or Country of Father's Birth: Georgia
MOTHER	8. Full Maiden Name of Mother: Mary Jane Head			9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Stanley Carter		11. Present Address of Registrant: Rising Star, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1961 19 ___	12. Signature of Notary: ALVA JENKINS, Notary Public, Eastland County, Texas — Alva Jenkins		13. Notary Commission expires: June 1st 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U.S. Army. W.V. Love, County Clerk	Date Issued: Jan. 18, 1951	Date Orig. Entry: enlisted July 22, 1918
	Date of Birth: age 28	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Texas Dental Assn. Disability	Date Issued: July 1, 1955	Date Orig. Entry: June 30, 1955
	Date of Birth: Aug. 5, 1889	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: T. W. Steel	Date Issued: May 6, 1961	Date Orig. Entry: ----
	Date of Birth: Aug. 5, 1889	Birth Place: Weiser, Idaho	Full Name of Mother: Mary Jane Head	Name of Father: William George Carter
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	May 9, 1961

FORM BH 56067 [illegible]

3-10-61

MAY 9 1961

193-123-033-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-966

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Watson Archibald			2. Date Of Birth (month) August (day) 23 (year) 1889
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rexburg Madison	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Robert Russell Archibald			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Isabella Watson			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Watson Archibald David Watson Archibald		11. Present Address of Registrant: Route #2, Box #2, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 22, 1968 19	12. Signature of Notary: Don C. Archibald Don C. Archibald		13. Notary Commission expires: January 22 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate of Membership Record	By whom issued and signed: LDS Church, Leonard M. Rodman, Ward Clark, Rigby 2nd Ward	Date Issued: Oct.22,1968	Date Orig. Entry: blessed Mar.7,1890
	Date of Birth: Aug.23,1889 / Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Isabella Watson	Name of Father: Robert Archibald	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: James Johnson Age:90	Date Issued: Oct.24,1968	Date Orig. Entry: ----
	Date of Birth: Aug.23,1889 / Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Isabella Watson	Name of Father: Robert Russell Archibald	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Ordination to office of Priest	By whom issued and signed: LDS Church, Rexburg 2nd Ward T. J. Winter, Bishop	Date Issued: ----	Date Orig. Entry: ordained Feb.10,1907
	Date of Birth: Aug.23,1889 / Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Isabel Watson	Name of Father: Robert Archibald	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 13, 1968

FORM BH 56067

10-12-67

692-210-022-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-256

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Fisher		2. Date Of Birth (month) 12 (day) 10 (year) 1889	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: John Thomas Fisher		7. State or Country of Father's Birth: Utah	
MOTHER	8. Maiden Name of Mother: Mary Elizabeth Compton		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Jackson	11. Present Address of Registrant: 611 Palm, Lodi, Calif. 95240	
NOTARY (Seal)	Subscribed and sworn to before me on March 13th 19 70	12. Signature of Notary: Bernice T. Mitchell	13. Notary Commission expires 11/28/ 19 71	

BERNICE T. MITCHELL NOTARY PUBLIC EUREKA SAN JOAQUIN CO., CALIF.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #35426	Date Issued: ---	Date Orig. Entry: child born Dec.1,1915
	Date of Birth: Age: 25	Birth Place: Plano, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin Age:92	By whom issued and signed: Jeanette L. Miller	Date Issued: Mar.6,1970	Date Orig. Entry: ----
	Date of Birth: Dec.10,1889	Birth Place: Plano, Idaho	Full Name of Mother: Mary E. Fisher	Name of Father: John T. Fisher
SUPPORTING RECORD 3.	Type of Document: Driver's License #397084	By whom issued and signed: State of Idaho, Dept. of Law Enforcement	Date Issued: Oct.10,1957	Date Orig. Entry: ---
	Date of Birth: Dec.10,1889	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda M. Larson	March 26, 1970

FORM BH 56067

319-230-004-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-784

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Larsen			2. Date of Birth (month) July (day) 30 (year) 1889
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Niels Larsen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Christina Petersen			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hannah Burbank		11. Present Address of Registrant: 540 N. 2nd. Nyssa
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1971	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4 20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 99819	Date Issued: ---	Date Orig. Entry: child born Feb. 13, 1922
	Date of Birth: Age 32	Birth Place: Montpelier, Ida.	Full Name of Mother: ---	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Lists-Hannah Larsen-Wife Death Cert. of Husband	By whom issued and signed: On file - Idaho - #127816	Date Issued: -----	Date Orig. Entry: Husband died Jan. 27, 1942
	Date of Birth: Age 52	Birth Place: -----	Full Name of Mother: -------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Church Record - Patriarchal Blessing	By whom issued and signed: LDS Church Bennington, Idaho	Date Issued: Nov 15, 1971	Date Orig. Entry: Sept 2, 1927
	Date of Birth: July 30, 1889	Birth Place: Montpelier, Idaho	Full Name of Mother: Christina Petersen	Name of Father: Nelson Larsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Sue Lowe	Date Filed: Nov. 15, 1971

FORM BH 56067